

State of Delaware



CHILD AND FAMILY SERVICES PLAN

2017 ANNUAL PROGRESS AND SERVICES REPORT

**DELAWARE DEPARTMENT OF SERVICES FOR CHILDREN,
YOUTH AND THEIR FAMILIES**

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WILMINGTON, DE 19805**

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I. General Information and Collaboration

This is the second annual report for DE's 2015-2019 Child and Family Services Plan (CFSP) approved November 17, 2014. During this reporting period, Delaware (DE) was a round three Child and Family Services Review (CFSR) site, having chosen the option to conduct state administered on-site case reviews. In collaboration with Administration for Children and Families Region III and national Children's Bureau CFSR Team representatives, the Division of Family Services (DFS) conducted 86 case reviews at four regional offices in Kent, New Castle and Sussex Counties between April and July 2015. There were 52 foster care cases and 34 intact family cases that included 4 Differential Response cases and 4 Promoting Safe and Stable Families cases. The CFSR Stakeholder Interviews conducted by Children's Bureau and Administration on Children and Families (ACF) staff occurred May 11-22, 2015 with over 130 participants attending one of 27 group or individual sessions. Stakeholder interviews target the effectiveness and level of functioning of seven systems: Statewide Information, Case Review, Quality Assurance, Staff and Provider Training, Service Array and Resource Development, Agency Responsiveness to the Community, and Foster and Adoptive Parent Licensing, Recruitment and Retention. The Division of Family Services held an annual stakeholder meeting to review progress, gather stakeholder input on performance and the coming year's strategic planning. The meeting was held April 6, 2015; 67 stakeholders were invited, including Court Improvement Program, Family Court Administration and Chief of the Nanticoke Indian Association. Forty-seven representatives of child welfare community service agencies including foster care, family support, shelter services and adoption attended. Advocacy agencies included the Child Placement Review Board (CPRB) and the Office of Child Advocate (OCA). The Division of Youth Rehabilitative Services (DYRS) and Division of Family Services (DFS) were represented. Family Service supervisors, regional managers and program managers were in attendance. The Director and Deputy Director also participated. The agenda included a review of the agency's mission and vision, guiding principles, program updates and performance measures. The group gave their input on child welfare strengths and areas of concern. Copies of the CFSR Final Report and Child and Family Services Plan (CFSP) were distributed. Comments for edits to the CFSP-2017 Edition were accepted until April 30th.

The following comments on strengths and worries were documented by stakeholders attending the April meeting:

Strengths

1. Every DE adult is a mandated reporter
2. CPRB 10 month reviews have noticed family support network in place, increased reunification plans and efforts to achieve the plan
3. More guardianships are being established (more frequency with non-relatives)
4. Support for foster families through initial and ongoing training
5. Support to adoptive families post-adoption
6. Adoptive and foster families are working more together

7. ETF (Early Transition to Family) -putting teams together is inclusive and seems to include the right people at the table
8. Safety Organized Practice (SOP) implementation/training for DFS and private providers
9. Great improvements in child welfare overall since the late 1960s
10. More emphasis on looking for relatives
11. MY LIFE program helps children understand their family history and helps caretakers learn more about the children
12. Having data not previously available
13. Child Advocacy, CPRB, Family Court are all are doing more
14. A better job of engaging families as evidenced through team meetings, critically thinking through cases (Framework) and including community partners
15. Good Child Abuse and Neglect Panel Collaboration with Multi-Disciplinary Teams
16. 45% of cases reviewed during the CFSR had no concerns
17. The agency is building on prior achievements

Worries

1. Need to offer more Safety Organized Practice training given turnover of staff
2. Case counts don't reflect the workload of treatment caseloads
3. High caseloads is a barrier to best practice
4. Data reporting is delayed; national profile reunification statistics are not available for 2015
5. Cultural competencies and bilingual services are not sufficient
6. While reunifying families is important, this is where the trauma occurred; it is important to address the trauma so as not to further traumatize when the children return to the family

DFS proposed these priorities for the coming year:

- Implementing policy and provisions to comply with the Preventing Sex Trafficking and Strengthening Families Act of 2014 (P.L. 113-183):
- Establish and train prudent standards for foster parents to ensure developmentally appropriate activities are provided to foster children
- Set expectations for foster children to participate in age and developmentally appropriate activities, especially youth age 14 and older
- Continue to implement, train and promote Safety Organized Practice (SOP), Structured Decision Making® (SDM®), differential responses to reports of abuse and neglect, Team Decision Making (TDM), family search and engagement and timely permanency strategies
- Strengthen the array of services for challenging foster youth, especially those served by multiple Divisions through the Partnering for Success initiative
- Respond to the findings of the Child and Family Services Review
- Continue activities to replace the automated case management system, (FACTS – Family and Child Tracking System)
- Establish and implement protocols and standards for oversight of psychotropic medication administered to foster children
- Promote Trauma Informed Care through DSCYF training and communications
- Revise DFS' quality assurance (QA) case review system and implement updates

The agency also conducted a survey of foster parents, caseworkers, managers and youth during May 2016. Stakeholders were asked to list what is working well and their worries or concerns

about the child welfare system. One hundred thirty-six surveys were returned; comments can be sorted into five categories: system, child and family services, communication and case/workload. Strengths and weaknesses were noted for all categories. Generally there was agreement the system is responsive to the needs of foster parents, children and families but more resources are needed, especially with substance abuse services for children and adults and youth aging out of care. Communication comments were inconsistent with both strong communication among a child's team and poor information sharing comments reported. All agreed caseworker workload was too high to adequately meet the needs of children and families. Comments are aligned with agency and system initiatives to strengthen assessment and service delivery, expand kinship care, improve permanency achievement, provide quality foster parent training and improve collaboration among partners on case and system levels.

In preparing the Annual Progress and Services Report (APSR), DFS shares writing and editorial input with over 30 agency and community partners. Contributors for the FFY2017 APSR include representatives from DFS, the Division of Youth Rehabilitative Services (DYRS), Division of Prevention and Behavioral Health Services (DPBHS), Division of Management and Support Services (DMMS) Interstate Compact Unit and Center for Professional Development, Office of Child Care Licensing (OCCL), Court Improvement Program (CIP), Court Appointed Special Advocate Program (CASA), Child Placement Review Board (CPRB), the Office of the Child Advocate (OCA), Children's Advocacy Center (CAC), Prevent Child Abuse DE (PCAD) and Division of Public Health (DPH). Collaborations and shared activities to implement the CFSP are documented in the Statewide Community Service Partner Updates and Update on Progress Made to Improve Outcomes Sections.

The goals, objectives, measures and activities of the Child and Family Services Plan are aligned with and support Child and Family Services Review outcomes and systems; the past year's activities has demonstrated the high level of collaboration and cooperation among the many statewide child welfare system partners as they participated in 2015 CFSR Stakeholder Interviews and the annual CFSP meeting. Community partners will continue collaborative efforts with DFS as indicated in both CFSP and PIP plans. DE submitted a Program Improvement Plan January 20, 2016 to address areas needing improvement in response to the final report. Eight workgroups were established to review results and recommend goals, objectives and activities to address areas needing improvement. Community partners participated in the initial eight CFSR workgroups and will join DFS in review and implementation of the final improvement plan to improve processes or outcomes as deemed appropriate, especially with foster care service providers, Family Court and DSCYF Divisions. The Administration for Children and Families is working with DFS to design a more strategic plan. ACF provides facilitative consultation with DFS' CFSR executive committee to support a strategic approach to corrective action.

DFS is reporting progress with the original 2015 Strategic Plan goals, benchmarks and measures. The edited 2017 version is attached and become active July 2016.

Delaware's Annual Progress and Services Report, Child and Family Services Plans and Child and Family Services Review are accessible at this web address:

http://kids.delaware.gov/fs/fs_cfs_review_plan.shtml Annual Reports are posted upon Administration for Children and Families' approval. State contact is Keith Zirkle, Division of

II. Update of Assessment of Performance

DE has not received updated national data profiles since the FFY2016 APSR. The reader is referred to the FFY2016 APSR for review of these national data measures. DFS runs FACTS reports using federal syntax for these safety and permanency measures:

Safety

<i>National Standard: Absence of maltreatment recurrence. Goal is 94.6% or higher.</i>						
FFY	2010	2011	2012	2013	2014	2015
	97.1%	97.8%	97.5%	96.9%	97.9%	98.5%
<i>National Standard: Absence of maltreatment in foster care. Goal is 99.68% or higher.</i>						
FFY	2010	2011	2012	2013	2014	2015
	99.75%	99.92%	99.85%	99.57%	100%	100%

Permanency

<i>National Standards</i>						
FFY	2010	2011	2012	2013	2014	2015
Reunification within 12 months from the most recent removal from home. Goal is 75.2% or higher.	67.9%	76.7%	64.6%	68.2%	58.9%	64.4%
Re-entries to foster care in less than 12 months. Goal is 9.9% or lower.	7.1%	7.3%	3.5%	6.8%	6.5%	12.1%
Of those children in care less than 12 months - % with 2 placements or less. Goal is 86% or higher.	84.0%	82.1%	79.4%	83.3%	85.9%	85.1%
Of those children in care for 12 but less than 24 months - % with 2 placements or less. Goal is 65.4% or higher.	64.3%	69.0%	62.6%	61.3%	65.9%	61.8%
Of those children in care 24 or more months - % with 2 placements or less. Goal is 41.8% or higher.	26.4%	28.2%	35.5%	33.6%	32.4%	31.3%
Adoption within 24 months from the most recent removal from home. Goal is 36.6% or higher.	35.8%	34.7%	31.9%	43.2%	33.3%	38.0%
Children Emancipated Who Were in Foster Care for 3 Years or More. The goal is 37.5% or lower.	38.2%	31.1%	36.8%	30.8%	43.8%	41.8%

A Title IV-E Foster Care Review was conducted the week of August 24, 2015. A total of 80 cases were evaluated for Title IV-E child eligibility, provider eligibility and federal payment claiming. DE had 4 error cases but met the 95% compliance standard.

The third round of the Child and Family Services Review was completed during the past year. Eighty-six case reviews were conducted in four regional sites between April and July 2015. Over 20 stakeholder interviews occurred May 11-20, 2015. The Program Improvement Plan is under negotiation. The following is a summary of the findings; see the CFSR Final Report for details. https://library.childwelfare.gov/cwig/ws/cwmd/docs/cb_web/SearchForm

The CFSR evaluates thirty-six items under seven Outcomes and seven Systems:

Outcomes:

Safety (2)

- Children are protected from abuse and neglect
- Children are maintained in their own homes whenever possible

Permanency (2)

- Children have permanency and stability
- Preserving family connections

Well-being (3)

- Families have enhanced capacity to provide for their children's needs
- Educational needs
- Physical, mental health needs

Systems:

- Information system
- Quality assurance
- Case review
- Staff and provider training
- Service array
- Agency responsiveness to community
- Foster/adopt home licensing, approval and recruitment

DE was found to be in substantial conformity on one Outcome and three Systems:

- Well-Being Outcome 2: Educational Needs Of The Child
- Statewide Information System
- Agency Responsiveness To Community
- Foster And Adoptive Parent Licensing, Recruitment And Retention

As for items, in summary DE scored 17 of 36 items as strengths, leaving 19 of 36 items needing improvement.

The CFSR also evaluates DE's performance on seven national data measures:

1. Recurrence of Maltreatment
2. Maltreatment in Foster Care

3. Permanency in 12 months – Entering Foster Care
4. Permanency – Children in care 12 – 23 months
5. Permanency - Children in care 24+ months
6. Re-entry into Foster Care in 12 months
7. Placement Stability

DE's data met or are no different from the national standards for all seven measures.

DE is challenged to make improvement in these areas:

Case related:

- Priority 3 investigation timeliness
- Assessing safety consistently in treatment cases
- Establishing and working towards timely permanency goals
- Foster parent recruitment targeting sibling groups
- Consistent notice of hearings to caregivers
- Improving children's physical and dental health services and documentation

System related:

- Reforming QA case review system
- Designing and implementing child welfare supervisor training
- Consistent private agency foster parent training
- Improving service array
- Strengthening family engagement in assessment, planning and placement activities; targeting intact families and fathers

DE's quality assurance investigation case review data for CY2015 reports on these safety assessment measures and a combined safety assessment score. (N=115, January-December 2015, statewide assignments)

QA Investigation Case Review Detail	% of Reviewers Agreeing
SA1. Was the Safety Assessment completed on the appropriate household(s)?	99.1%
SA2. Was safety assessed for all children in the household?	98.3%
SA3. If "No" to Question SA2, was the reason documented?	0.0%
SA4. Were all safety threats identified for each child?	96.4%
SA5. Were the identified protective capacities documented during the contact(s) with the family?	96.8%
SA6. Were the indicated safety interventions appropriate for the identified threats?	100.0%
SA7. Is the final safety finding correct/appropriate?	99.1%
SA8. Was a Child Safety Agreement completed according to policy?	90.5%
SA9. If a Child Safety Agreement was completed, did it address the threats adequately?	100.0%
Combined Score for Safety Assessment	97.6%

These performance measures present a varied picture of the agency's efforts to ensure safety, permanency and well-being for children and families served. The national data profile measures used for the CFSR are all in compliance with established standards for safety and permanency. State run aggregate reports for safety, placement stability and permanency are aligned with federal profile data. There is a marked increase in the re-entry to foster care rate for FFY2015. There is a smaller applicable foster care population and the companion measure of reunification increased by 5% from FFY2014. The raw number of re-entries has not significantly increased. Considering these factors, the quotient increase is more understandable. The CFSR case review safety scores were low but within reach of the 95% conformity standard with an 81% rating for timeliness of investigation and 91% rating for risk and safety assessment and management. Comparatively, DFS QA investigation case review data for CY2015 is more positive than CFSR scores. A direct comparison cannot be drawn due to the state's QA scores being limited to only investigations whereas CFSR risk and safety assessment scores include treatment case activities. CFSR permanency scores were low for establishing timely permanency goals, achieving permanency, placement with relatives, placement with siblings, and family and foster child visits. Well-being case review scores were low for needs and services of parents, case planning with youth and fathers, caseworker visits with children and parents, and children's physical health. The CFSR case review findings are aligned with DE's initiatives to improve family and youth engagement, expand foster parent resources, achieve timely permanency and improve health services for foster children. Systems not in substantial conformity align with permanency case review findings. Improvements are needed in supervisor training, community agency foster parent training, service array and quality assurance. DE's CFSR PIP will address these areas needing improvement and be in agreement with the CFSP.

III. Update to the Plan for Improvement and Progress Made to Improve Outcomes

Revision to the Plan for Improvement (2015-2019 CFSP Section V. Strategic Plan)

A revised 2015-2019 Strategic Plan, 2017 edition, will be effective July 2016, pending ACF approval. Edits include deletion of completed benchmarks, revised timeframes and new objectives and benchmarks. The 2016 version will be the progress reporting document for the FFY2017 APSR. (See Attachment: 2015-2019 CFSP Strategic Plan, 2017 Version)

Implementation Supports

Implementation supports described in the 2015-2019 CFSP remain active. References in Section III Update on Progress Made to Improve Outcomes include training, coaching and technical assistance for Safety-Organized Practice and Structured Decision Making® from Children's Research Center, albeit scaled down in the coming year. Implementing a new automated data system and a continuous quality improvement system are distinct system objectives included in the CFSP. These system improvements strengthen the foundation for data informed practice changes, targeting areas needed improvements. Databases are in early stages for foster care psychotropic medication, academic performance and behavioral health tracking (Treatment Outcome Package). Partnerships with Tufts University and Outcome Referrals, Inc. build capacity to serve children in least restrictive, community-based settings through data informed policy decisions. Implementation of the Delaware Learning Center improves training access, registration, tracking and reporting. See Section XIV Training Plan for updates on staff training.

Update on Progress Made to Improve Outcomes (2016 CFSP Progress Report)

Based on the 2012 assessment, by the Child Welfare Strategy Group, (of the Annie E. Casey Foundation), the DFS *Outcomes Matter* initiatives, and evaluation of metrics, along with stakeholder comments and partner collaboration, the goals and objectives discussed below were established for 2016. There are several broad principles and priorities supported by this strategic plan. The focus on child safety is paramount at all stages of a case from prevention to permanency. Children deserve to grow up in stable, nurturing and permanent families. Family interventions should be proportionate based on risk and protective factors. Key decisions include family and youth voices. Child welfare systems are strongest when partners share common goals and resources. A skilled and experienced workforce is supported by competency based training, facilitative supervision, community-based services and technology.

A. Safety

Goal: At-risk children are safe and protected from harm

Rationale: Child safety is an agency mandate and a core component of the agency's mission. Data indicates the agency has low rates of recurring maltreatment and abuse/neglect in foster care. The agency strives to continue to protect children with an appropriate and measured response, using evidenced- based decision making tools and family engagement strategies that strengthen the capacity of families to meet their own needs.

Objective: Implement Structured Decision Making (SDM®) across all program areas.

Rationale: SDM® implementation must be completed to ensure consistent and accurate assessment of harm and risk throughout the life of a case. SDM® tools have the highest level of validity and reliability established in the field of child welfare. The National Council on Crime and Delinquency's international evaluation found evidence SDM® lowers maltreatment and maltreatment recurrence rates, while ensuring equity in decision making.

Outcome: Lower rates of child maltreatment and maltreatment recurrence.

Benchmarks:

1. Implement SDM® tools across program areas from intake to permanency. Timeframe: June 2016. Measure: Percent and number of quality assurance reviews for intake, investigation, treatment and permanency cases indicating use of SDM® tools.

Progress Report: On April 4, 2016 all of the SDM® instruments to be used by treatment and permanency were added to FACTS I information system. This included the Family Strengths and Needs Guide (FSNG), Child Strengths and Needs Guide (CSNG), Family Service Plan, Family Service Plan Review/ Approval, Safety Agreement Review, Risk Reassessment, Reunification Reassessment, Reunification Reassessment Safety. In addition, changes in name and content to the following: 5-day plan (old PCIC II), Child Plan (old PCIC III), Child Plan Review (old PCIC IV). Prior to launch, training was completed in all regional offices with all treatment and permanency staff. Following launch, the National Council on Crime and Delinquency's Children's Research Center (CRC) returned April 26-28, 2016 to provide additional coaching for staff. Prior to the

April 4th launch, FSNG and CSNG tools completed in treatment and permanency were completed on paper. Supervisors review these tools with their staff during their monthly case conferences. Quality assurance treatment and placement case reviews are currently suspended, pending larger quality assurance system decisions. Of the investigation case reviews, 100% of 115 reviews reflected the use of SDM[®] safety and risk assessments. At this time, DE is considering adopting the federal On-Site Review Instrument (OSRI) as its formal treatment (in-home) and foster care case review tool. That process may not begin until September 2016 or later. The OSRI does not include questions regarding the use of the SDM[®] tools and, therefore, will not be specifically evaluated during case reviews. However, performance assessed during OSRI reviews are SDM[®] based and will be reflected in outcome measures for applicable items. Timeframe for this benchmark is adjusted to June 2017, pending quality assurance system reforms such as adopting the federal OSRI as its case review tool for the PIP reporting period.

2. Continue technical support from Children's Research Center, the disseminators of SDM[®], to support SDM[®] implementation with fidelity. Timeframe: March 2016. Measure: Completion of contract deliverables for training, fidelity reviews and technical assistance resulting in termination of contract.

Progress Report: The CRC has provided the following coaching sessions for DFS staff:

- December 1-3, 2015 –Safety Planning
- January 19-21, 2016 – SOP/SDM Best Practices Coaching
- April 26 – 28, 2016 – FSNG/CSNG Coaching

Contracted FAIR staff received refresher SDM[®] training from the Children's Research Center during July 2015.

The CRC also conducted two case readings to ensure fidelity to the tools:

- April 6-8, 2016 - this case reading focused on Safety Planning
- May 10-11, 2016 – this case reading focused on safety planning and completion to the FSNG/CSNG and Family Service Plans

The CRC Case Reading Report findings show the following:

- Safety Assessments were completed on time in 84% of cases reviewed
- Safety Assessments were completed on appropriate households for 100% of cases reviewed
- The investigation findings were correct for 89% of cases reviewed
- The FSNG was completed on time in 100% of cases reviewed
- The FSNG was completed on the appropriate caregivers and children in 92% of cases reviewed
- The revised Risk Statement in the FSNG was completed correctly in 92% of cases reviewed

The CRC Case Reading did highlight that DFS needs to continue working with caseworkers to write narrative supportive of their scores on both the Family Strengths and Needs Guide and the Child Strengths and Needs Guide. DFS will continue to partner

with the CRC thru September 2016 to provide staff with training regarding conducting family team meetings. The training will also focus on how to incorporate the Treatment Outcome Package (TOP) findings into the Child Plan and the Family Service Plan when appropriate.

3. Use a continuous quality improvement framework to monitor and guide implementation of SDM[®] practice by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Continue to review performance. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of SDM[®] data reports from FACTS and case reviews. Meeting minutes documenting findings and recommendations.

Progress Report: This benchmark is pending. At the end of DE FY2015, a three year retrospective was conducted, evaluating the outcomes associated with the adoption of SDM[®] Intake assessment tools. Prior to the adoption of these tools, DE screened-in for investigation, approximately 75% of the complaints received at the Report Line. During the three year review, since adopting SDM[®] screening tool, the percent of screened-in complaints averaged approximately 46% of all complaints received. This sustained performance is seen, even though the total number of complaints received by the Report Line increased 10% during the same period. In the 2015 CFSP Progress Report, additional data was presenting indicating that the proportionate reduction of screened-in complaints, is founded on improved decisions being made in the screening process. DE reported a decrease from 23%, for the four prior years, to 18%, during the first two years of SDM[®], in the number of families ‘screened-out’ but, being reported for a second time within a year. The primary performance benchmark used to evaluate the adoption of the SDM[®] Risk Assessment instrument in 2013, and used by investigation, continues to focus on the national standard ‘Absence of Re-maltreatment’ and, the CFSR Round 3 measure ‘Recurrence of Maltreatment’. In the most recent federal national profile data report received May, 2015, for periods FFY13 and FFY14, DE results were 3.6% and 2.9% respectfully, against a 9.0% national standard. In addition to this benchmark, the DE investigation QA case review instrument was modified in 2014 and, includes four core questions addressing the consistency of adopting the SDM[®] risk assessment against the intended outcomes. The following data represents the statewide averages reported from 115 Investigation case reviews completed during CY15.

RA1. Was the risk assessment completed on the appropriate	98.30%
RA2. Does the case narrative support the completed risk	99.10%
RA3. Was the use of a policy or discretionary override	68.20%
RA4. Was the final case decision to transfer for treatment	100%

Documentation of CQI policy and procedures continues to be in development. DE has integrated the full suite of SDM[®] tools into the Statewide Automated Child Welfare Information System (SACWIS) system for treatment and permanency assessment and case management. In addition DE will be adopting the federal CFSR OSRI, for quality

assurance case reviews. As a result of these two changes, DE will be better positioned to define the components of the CQI system between June 2016 and September 2019.

4. Until a more comprehensive CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of SDM[®] data reports from FACTS and case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: Since 2012, DE produces monthly and annual data reports, representing several decision outcomes seen in the SDM[®] Intake assessment. Core areas of number of reports screened-in and screened-out and, number and types of reports where “overrides” are used, are presented. As reported in #3 above, this data is used to evaluate consistency in the use of the SDM[®] tool over time and, when outcomes such as re-maltreatment or, frequency of subsequent family reporting is measured against other data. This data is shared with DFS Leadership and Investigation Program Manager, for review and evaluation of performance. In addition, the Program Manger shares this data with specific program staff and, at quarterly meetings, for evaluation and feedback from supervisors.

The CRC conducted case reviews in April and May 2016. See Benchmark 2 for findings.

Objective: Implement Safety-Organized Practice (SOP) across all program areas.

Rationale: Family engagement strategies embedded in a comprehensive practice model are best practice in child welfare. SOP is a practice model that integrates the rigorous safety and risk assessments from SDM[®] into a comprehensive approach to family engagement across the lifespan of a case. SOP uses strengths-based and child-centered principles in a series of family engagement activities that support comprehensive assessment and planning. This objective completes training sessions already in progress. Outcome: Lower rates of child maltreatment and maltreatment recurrence.

Benchmarks:

1. Partner with Children’s Research Center to support implementation of SOP with fidelity across program areas from intake to permanency. Timeframe: January 2015 (expected end date). Measure: Completion of contract deliverables for training, coaching and case reviews. Issuance of case review findings.

Progress Report: The CRC has provided the following coaching sessions for DFS staff:

- December 1-3, 2015 –Safety Planning
- January 19-21, 2016 – SOP/SDM[®] Best Practices Coaching
- April 26 – 28, 2016 – FSNG/CSNG Coaching

The CRC also conducted two case readings to ensure fidelity to the tools:

- April 6-8, 2016 - this case reading focused on Safety Planning
- May 10-11, 2016 – this case reading focused on safety planning and completion to the FSNG/CSNG and Family Service Plans

For CY2015, investigation QA results for SOP family engagement strategies were:

QA Investigation Tool Item	% Reviewers Agreeing (N=115)
FE1. Were solution-focused questions used to gain insight into the family issues, strengths and possible solutions?	44.3%
FE2. Is there evidence that Mapping was used in a face-to-face contact with the family?	9.6%
FE3. Is there evidence that harm and danger statements were created with the family?	26.1%
FE4. Is there evidence that solution-focused questions were used to gain insight into the child's perspective of the family's issues, strengths and possible solutions? (Techniques for using solution-focused questions with children include the safety house and the three houses.)	32.5%
FE5. Were the family's networks or community/cultural assets included in the Child Safety Agreement or other activities focused on improving child safety?	83.3%

This benchmark is completed.

2. Implement supervisor Learning Circles. Timeframe: March 2016. Measure: Documentation of supervisor Learning Circle sessions.

Progress Report: DFS launched learning circles in the fall of 2015 at the Operations Administration level. These learning circles are attended by the Operations Administrators for each regional office across the state as well as the Administrator of the Office of Children's Services. Early learning circles occurred monthly after Operations Management meetings to reduce additional travel and days out of the office. The Learning Circles are intended to be three hours in length although some are longer and others are shorter. Topics to be discussed are identified in prior Operations Management Meetings. In 2016, Learning Circles occur on a quarterly timeframe aligned with management meetings. It was determined that monthly learning circles were not manageable in relation to other responsibilities. The Operations Management team has selected topics for review and discussion at the learning circles that are directly correlated to operation practice struggles or areas of concern. Some of the topics have included: safety assessments and safety planning, administrative and other internal reviews of cases with significant outcomes, and managerial roles in personnel and disciplinary investigations and actions. A primary goal is reaching statewide agreement to improve the consistency of our operational management in the identified areas. The team has struggled to get comfortable in these sessions and often are looking for a hard end product. At times the sessions have provided needed support and recognition of shared struggles across the state. Other sessions have felt less successful in moving

understanding or practice. The team continues to explore opportunities to implement learning circles at the supervisory level and consider attaching them to existing meetings such as Quarterly All Management Meetings or program workgroup meetings. This benchmark's timeframe is adjusted to June 2017.

3. Fully implement Consultation and Information Sharing Framework for group supervision. Timeframe: March 2016. Measure: Percent of case reviews with documented Framework utilization.

Progress Report: DFS does not currently track the number of Framework meetings that are completed in investigation and treatment. However, it is considered routine practice in New Castle County to complete a framework whenever a case is being transferred from investigation to treatment and the investigation worker developed a safety agreement with the family prior to case transfer. Additionally, group supervision is conducted when a worker needs guidance regarding next steps, when they are dealing with a challenging case, when there are children placed in foster care, or when the worker is unsure whether case closure is an appropriate consideration. Contracted Children and Families First (CFF) FAIR conducts group supervision when they are faced with a challenging case. The other two counties, Kent and Sussex, have also been conducting Frameworks on a less frequent schedule. In Sussex they have Framework/group supervision sessions once a month where staff can bring cases for support, guidance and group consensus on next steps. Kent County hosts group supervision using the Framework twice a month and has also used the Framework in family meetings. Starting in July of 2016, every region will begin to do Framework meetings on every case transferring from Investigation to Treatment with an active child safety agreement and/or a SDM® Risk Assessment Score of Very High.

Psychologists from the Office of Evidence-Based Practice (OEBP) attend Framework group supervision sessions each region monthly to provide clinical case consultation. In addition, OEBP staff continue provide consultation on both on the case level and a system level division and department wide to support permanency and stabilization of placements. Staff Psychologists serve on the Permanency Committee, Place Resource Team (PRT) and Family Informed Resource Support Team (FIRST) Committee workgroups to assist with these efforts. Objectives include serving youth with evidence-based practices in their communities and reducing the reliance on residential care to stabilize youth behavior. As part of this work, staff psychologists communicate with residential facilities to ensure that transition to home services are planned early in placement and that discharge to a home setting occurs as soon as the youth is stable enough to continue therapy in the community setting.

4. Use a continuous quality improvement framework to monitor and guide implementation of Safety-Organized Practice by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of SOP data reports from case reviews. Meeting minutes documenting findings and recommendations.

Progress Report: This benchmark is pending.

5. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of SOP data reports from case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: The Children's Research Center's fidelity case reviews assess incorporation of Safety Organized Practice techniques, in addition to assessing adherence to the SDM[®] tools. CRC conducted case reviews in April and May 2016. Fidelity case review reports are used to identify topics of on-site regional coaching provided by CRC. During the last 12 months, CRC coaching sessions focused on assessing safety, completing Safety Plans, techniques for engaging families, and completing the newly implemented Family Strengths and Needs Guide, including the Child Strengths and Needs Guide. The investigation QA tool measures use of SOP family engagement techniques.

Objective: Implement a Differential Response System for at-risk children and families.

Rationale: Based on CAPTA requirement, agency is building capacity to respond to reports of abuse and neglect proportionally according to presenting allegations. DE exceeded the national average in the percentage of teens in foster care (e.g., in 2012, national average was 38%, yet DE had 48%. Additionally, 79% of these teens were entering foster care for the first time as teens). Outcome: Lower rates of child maltreatment and maltreatment recurrence.

Benchmarks:

1. Develop, implement, and expand a differential response within DFS using Family Assessment and Intervention Response (FAIR) to accepted reports of child abuse and neglect. Timeframe: June 2016. Measure: Number and percent of accepted reports of abuse and neglect receiving FAIR response.

Progress Report: DFS continues to use a differential response in two adolescent investigation units in New Castle County. They continue to accept cases screened in and not sent to external FAIR. There is still a desire to consider expansion of FAIR within DFS possibly for other populations. However, there continue to be concerns about implementing a new pathway while caseloads exceed the caseload standard. Cumulative reporting on this population is pending development. This benchmark's timeframe is adjusted to June 2017.

2. Continue the contracted community-based FAIR Program to prevent unnecessary entries of teens into foster care statewide. Timeframe: Ongoing to September 2019. Measure: Number and percent of children and youth receiving community-based FAIR and entering foster care.

Progress Report: The Division continues its contract with the community-based private child welfare agency CFF to implement a Differential Response pathway called Family Assessment and Intervention Response for youth ages 11-18. Of the 522 families referred to CFF FAIR during CY 2015, 494 accepted a FAIR response rather than the traditional Division investigation. A total of 402 FAIR families received services beyond the family assessment. A total of 9 youth (1.8% of referred families) who had current/prior activity with CFF FAIR entered out-of-home placement. The contract has been extended two more years (SFY2017-18) before the service is competitively bid.

3. Continue the voluntary, community-based pilot for screened out cases involving infants and toddlers, which connects their families to home visiting and Evidence-Based parenting support programs. Ongoing to September 2019. Measure: Number of screened out cases referred to home visiting and parenting support programs.

Progress Report: The pilot for screened out cases involving infants and toddlers ended May 2015. Funding is not available to build ongoing community capacity to reach these families prior to involvement in the child protection system. This benchmark activity is now inactive and will be removed from the 2017 CFSP.

Vikki Benson, former supervisor for home visiting programs at Children & Families First attended the August 12, 2015 Investigation Workgroup to discuss her agency's home visitor programs for new mothers.

4. Use a continuous quality improvement framework to monitor and guide implementation of differential response by reviewing DFS data, Quality Assurance case review reports and contractual performance measures with DFS staff and system partners. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of FAIR data reports from FACTS and case reviews. Meeting minutes documenting findings and recommendations.

Progress Report: This benchmark is pending.

5. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports, contract performance data and feedback from DFS staff, trainers and system partners to monitor implementation. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of FAIR data reports from FACTS and case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report:

Weekly assignment of internal FAIR cases in New Castle County is captured on internal weekly reports and reviewed by operations administration staff. These numbers have been considered carefully by the regions who do not have FAIR in helping to determine and anticipate what a FAIR caseload and assignment rate might be and has influenced

staffing considerations for expansion. These weekly reports have also helped New Castle County administrators understand the staffing needs within the units that have FAIR but are mixed units. DFS continues to meet with CFF FAIR on a bimonthly basis to discuss operational issues of mutual concern. Program data is noted in benchmark #2 above. The purpose of the meetings is to discuss operational issues of mutual concern to ensure optimal collaboration. Topics have included when it is appropriate to return a case to DFS, what efforts are needed to locate families, criminal history, and planned training. Statistics are always included on the agenda. Meeting minutes are available upon request. Also, DFS did a second CFF FAIR contract monitoring in 2015. The monitoring conducted in 2015 was not a full monitoring in that it did not include a fiscal review, staff interviews nor were client interviews attempted. Overall, the results were favorable. Compliance with contract requirements is strong and the process and impact measures continue to be positive. (See program data above). Areas of improvement needed were documentation of training completed, establishing a 95% benchmark for completing a Safety Assessment during the first family contact, completing safety assessments for new, unduplicated reports, and maintaining routine case conferences with staff. The final report is available upon request. The contract will not be monitored in 2016. Finally, the initial three-year contract has been extended two more years before a new Request for Proposal (RFP) will be required or justification is provided why Children & Families First is uniquely qualified to provide FAIR services for 11-18 year olds. The teen foster care entry and population rates are used as a measure of FAIR success; external FAIR started March 3, 2013. Teen (ages 13+) foster care entry rate for the period July-December 2015 is 9% lower than the January-June 2012 baseline. The teen (ages 13+) foster care population on December 31, 2015 was 26% lower than the June 30, 2012 baseline.

Objective: Fully implement Considered Removal Team Decision Making (TDM) model for at-risk children and families to strengthen safety assessment and planning for children at-risk of entry into foster care.

Rationale: Based on AECF assessment findings and early success, agency will continue to expand use of TDM model to prevent placement and support key decisions through family engagement.

Outcome: Lower rates of child maltreatment and maltreatment recurrence. Increased rate of safely diverted foster care entries.

Benchmarks:

1. Continue Considered Removal TDM meetings for DFS custody decisions; strengthen practice of using TDM prior to removal in non-emergency situations. Timeframe: Ongoing to September 2019. Measure: Number and percent of TDM meetings occurring before and after foster care entry.

Progress Report: One of the most impactful family engagement strategies implemented by DFS to ensure children are safely cared for in the community has been TDM. The TDM process brings family members, family supports and community-members together to develop a plan for both the child(ren) as well as the parents. The meeting allows

everyone involved with the family to hear DFS concerns, voice their own concerns, and offer whatever support they are able to provide. This initiative has kept children from entering foster care when possible and when removal is necessary, we are able to place more children with relative and nonrelative caregivers. These facilitated meetings are mandated during investigation, treatment or FAIR, for children at risk of removal or within 48 hours after entering DFS custody. When appropriate, the domestic violence and substance abuse liaisons are invited and participate in TDM meetings. In SFY2016, 48% of all TDMs were held prior to removal and the percentage of pre-removal meetings decreased to 52%.

2. Consider TDM at other key case decision points involving placement changes.
Timeframe: March 2016. Measure: Documentation of discussion and decisions for using TDM at replacement.

Progress Report: To date, DFS has not considered using TDMs at other key case decision points. However, policy allows additional TDMs if there is a new report and the family circumstances have changed. Workers have been encouraged to conduct Family Team Meetings at critical decision points in a case. Placement changes are considered to be a critical decision point. The Annie E. Casey Foundation will conduct training for all staff on Family Meetings in the fall of 2016 with the requirement for the meetings at critical points. Currently DFS does not track the number of Family Team Meetings. This benchmark's timeframe is adjusted to June 2017.

3. DFS to continue to gather data on timing, attendees, decisions and outcomes of TDM meetings. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing to September 2019. Measure: Issuance of reports on timing, attendance, decisions and outcomes of TDM meetings.

Progress Report: The DFS Data Unit produces monthly data reports detailing TDM activity. The reports are discussed with the TDM Workgroup on a quarterly basis. If trends emerge, such as fewer TDMs occurring pre-removal or a decrease in the percentage of youth attending meetings, those issues are discussed at investigation and treatment workgroups. At the conclusion of the TDM meetings, the facilitators provide attendees with Participant Feedback Surveys. In SFY2016, mothers attended 77% of all TDM meetings, fathers attended 55% of the meetings, and youth attended 74% of the meetings. In 52% of the TDMs, it was recommended that DFS retain or petition for custody.

4. Use a continuous quality improvement framework to monitor and guide implementation of TDM by reviewing DFS data, Quality Assurance case review reports and participant surveys with DFS staff and system partners. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of TDM data reports from FACTS and case reviews; meeting minutes documenting findings and recommendations.

Progress Report: This benchmark is pending.

Objective: Continue to enhance the knowledge and skill of child welfare staff involved in investigation and treatment of child maltreatment.

Rationale: Training is a vital component of the agency's infrastructure to strengthen professional competencies to protect children and support families. Community professionals, DFS staff and the Child Protection Accountability Commission (CPAC) support continuing training activities.

Outcome: A skilled and competent child welfare system workforce.

Benchmarks:

1. Participate in Multi-Disciplinary Teams through the Children's Advocacy Center, promoting collaboration of child welfare, law enforcement, criminal justice, mental health and medical professionals. Timeframe: Ongoing to September 2019. Measure: Data reports on use of Multi-Disciplinary Teams at the Children's Advocacy Center. Progress Report: The Children's Advocacy Center conducted 1415 forensic interviews during state fiscal year 2015 and 633 interviews in FY2016 through March 31, 2016. Of the 633 interviews, 62% were for sexual abuse, 26% physical abuse, 10% witness interviews and 2% other. Gender statistics are 60% female and 40% male. DFS is a major referral source for CAC services. Support the education of Multi-Disciplinary Team members through joint training programs such as the Protecting DE's Children Conferences, National Conferences on Abuse Head Trauma and related opportunities. Timeframe: Ongoing to September 2019. Measure: Documentation of training events attended by Multi-Disciplinary Team members.

Progress Report: Delaware's Multi-Disciplinary Team Training Data for April 2015 to April 2016 is recorded in the following table:

MDT Training	Date	# of Attendees
Delaware Multidisciplinary Team Training for Child Abuse Investigations: A ChildFirst™ Training	October 26-28, 2015	43
13 th Hawaii International Summit: Preventing, Assessing & Treating Trauma Across the Lifespan	March 27-31, 2016	8
32 nd International Symposium on Child Abuse	April 4-7, 2016	5

The Mandatory Reporting Workgroup under the CPAC Training Committee updated its 3 mandatory reporting training program for educators, general community, professional audiences, and medical professionals. In December 2014, CPAC partnered with the Medical Society of Delaware to revise the medical training and to obtain approval for CME credit. Both onsite and web-based formats are available for each training program; all web-based training can be accessed through OCA's online training system at <http://ocade.server.tracorp.com/>. For public schools, the Department of Education's

Blackboard course management system hosts the web-based training for educators. Staff from DSCYF, DOJ, and OCA conducted the onsite training sessions for educators and general professional audiences.

For the general training, approximately 17 onsite trainings were provided to 578 participants and 366 participants completed the training online. For the educator training, approximately 27 onsite trainings were provided to 1,150 participants, and 6,673 participants completed the web-based training through the Department of Education's Blackboard course management system. In addition, 359 participants completed the web-based training on OCA's online training system. For the medical training, 353 participants completed the training online via OCA's online training system.

Suzanna Tiapula, a consultant with the Institute on Violence, Abuse and Trauma, invited Delaware to speak on its response to child torture cases at the 13th Hawaii International Training Summit: Preventing, Assessing, and Treating Trauma Across the Lifespan at the Hawaii Convention Center. The panel presentation, Collaborative Response to Child Torture: the Delaware Model, was scheduled for March 29, 2016, during the Pre-Summit on Child Torture, Long Term Missing and Homicide Prosecutions. The panel consisted of representatives from DFS, DOJ, CAC, Family Court, LE, and the medical community. The presentation featured two case studies from 2012 in which Delaware's MDT successfully intervened and put an end to years of torture and chronic abuse suffered by two children. Additionally, the presentation highlighted the checklist on the Common Elements of Child Torture, which is a tool recently developed by the Child Protection Accountability Commission to help first responders intervene earlier.

The Children's Advocacy Center conducted 2 training/information sessions for child welfare partners between November 2015 and March 2016; 22 sessions were held during SFY2015. Delaware did not hold a 2016 Protecting DE's Children Conference. During March and April 2016, the DFS Intake and Investigation Program Manager, a day shift report line supervisor, and selected regional staff met with statewide hospitals that deliver newborns to review child abuse reporting procedures, in general, and specifically about drug-exposed/FASD infants. The discussion also included the steps Investigation must take prior to discharge of a drug-exposed/FASD infant. The purpose of the meetings was to improve coordination and collaboration between DFS and the hospitals.

The Investigation Workgroup met with FBI Victim Witness Program staff on December 9, 2015. The FBI staff included Victim Witness Coordinator, Susan Alfree, and Victim Specialist, Elisa Lehman.

2. Participate in the Joint Investigation Committee of the Child Protection Accountability Commission, which researches and implements best practices in investigation of child maltreatment. Timeframe: Ongoing to September 2019. Measure: Committee meeting minutes.

Progress Report: CPAC created the Child Abuse and Neglect Best Practices workgroup under the Training Committee in July 2013 with a charge to:

- Develop and publish “best practice” guidelines for the investigation of child sexual abuse, death and near death cases by updating the current multi-disciplinary memorandum of understanding (MOU), and
- Provide regular training opportunities and demonstrative tools for professionals involved in the investigation or prosecution of serious child abuse cases.

The workgroup is chaired by Master Corporal Adrienne Owen (DE State Police), and the membership includes representatives from the Medical Examiner’s Office, Investigation Coordinator (previously housed within the Children’s Department, but recently transferred to the Office of the Child Advocate), Department of Justice, New Castle County Police Department, Office of the Child Advocate, and the Child Death Review Commission. Since the last APSR was submitted, the workgroup met on April 25 and June 27 (2014) and February 19 and May 20 (2015). Meeting minutes are available upon request.

3. Participate in the Statewide Neonatal Abstinence Syndrome workgroup of the DE Health Mothers and Infants Consortium to address the needs of drug exposed infants. Timeframe: Ongoing to September 2019. Measure: Committee meeting minutes.

Progress Report: There are two groups that meet quarterly to discuss issues related to the needs of substance exposed infants. One of the groups involves primarily hospital representatives. During this year, the hospitals have worked to revise protocols around testing and planning for mothers that are drug-involved. A protocol has been developed that assists hospitals in deciding when a High Risk Discharge Planning Meeting should be triggered. The second group meets quarterly and is represented by DFS, the Office of Child Advocate, Public Health and numerous system partners that are responsible for working with drug-involved mothers and home visiting programs. This group has been discussing ways to better inform partners on the array of programs available in the community, to better understand the increases in opioid addiction and the impact and availability of treatment and the development of a continuum of services from pregnancy prevention to reduce the number of drug-exposed infants to long-term treatment. There has been much discussion about a new program just beginning in 2016 that has been endorsed by the Governor around pregnancy prevention piece that all believe will greatly impact child serving agencies.

4. Continue collaboration with system partners, especially providers of services related to domestic violence and substance abuse (e.g. Division of Substance Abuse and Mental Health, Domestic Violence Coordinating Council, Children’s Advocacy Center, Brandywine Counseling, Psychotherapeutic Services Inc., Child Inc., People’s Place II) to promote comprehensive assessment of families’ needs and integrated service planning. Activities include co-location of staff, multidisciplinary interviewing, community training and interagency agreements. Timeframe: Ongoing to September 2019. Measure: Documentation of collaborative efforts such as meeting minutes, collocation of staff, contracts, Memoranda of Agreement and training events.

Progress Report: Four domestic violence liaisons that work with adult victims continue to be funded by federal grants (e.g., Victims of Crime Act) to private agencies. The liaisons are collocated in the four regional offices (two in New Castle County at Beech Street and University Plaza, one in Kent County, and one in Sussex County). The New Castle liaisons are employed by Child, Inc. and the Kent and Sussex liaisons are employed by Peoples Place II. Meetings are held quarterly and since the last progress report meetings were held on July 15, 2015 and October 21, 2015. The quarterly meeting scheduled for January 20, 2016 was cancelled because the Chair, who is the DFS Intake and Investigation Program Manager, was requested by Casey Family Programs to discuss contracted FAIR at the Children's Defense Fund in Washington, DC. The April 20, 2016 meeting was cancelled due to advance notice that the two New Castle County liaisons, a DFS supervisor, and a Peoples Place supervisor would be unable to attend the meeting. The liaisons also provide training during DFS Core Training for new staff and offer other ad hoc training as needed. During CY2015, the DV liaison in Region I (Beech Street) met with 70 adult victims while the DV liaison in Region II (University Plaza) met with 79 adult victims. Furthermore, there were 33 unduplicated group members that participated in DV support group with the DV liaison in Region I (Beech Street). The Kent County liaison served 86 adult victims and Sussex 42 adult victims. The total number of statewide adult victims served was 277.

On October 8, 2015, the Beech Street liaison, Mone't Jackson, was awarded the Spirit of Advocacy Award by the DE Coalition Against Domestic Violence at their annual Purple Ribbon Event. At this same event, Dr. Vicky Kelly (then Director of DFS) was also awarded the Vision of Peace Award.

DFS continues to have substance abuse liaisons (SAL) co-located with DFS staff in our four regional locations. For SFY2015, the SALs worked with 659 families statewide. Of those 659 families, 15% had children placed in foster care. Domestic violence was an issue for 22% of those families and 45% of the families had additional mental health issues. In addition to working with families, the SALs also conduct the portion of the DFS new worker training related to substance abuse. In June 2015, DFS implemented expedited referrals for drug exposed newborns. Under this initiative, when a mother delivers a baby and either the mother or the baby test positive for illegal drugs, an expedited referral is completed by the DFS caseworker and submitted to the SAL. The SAL then tries to meet with the mother at the hospital prior to discharge, with or without the assigned DFS caseworker. If the mother is not already engaged in a treatment program, the SAL connects the mother with community-based program so that she can begin treatment as soon as she is discharged from the hospital.

The Intake and Investigation Program Manager attends monthly full day CAN (Child Abuse Neglect) Panel case reviews of child abuse near deaths and deaths. The reviews are conducted by a multidisciplinary panel and, when the reviews are finalized, they become CAPTA reports. As a result of attending the reviews over a one year period, the Program Manager identified practice trends and developed "CAN Panel Scenarios and Tips" to improve decision-making about critical issues. The tips were discussed during a bimonthly Investigation Workgroup in August 2015. Additionally, the Program Manager

began circulating the CAN Panel meeting minutes and matrices of review findings to the Investigation Workgroup during the last two quarters of 2015.

5. Monitor effectiveness of child welfare training with participant evaluations. Use existing DFS leadership to monitor DFS training and CPAC Training Committee meetings to evaluate child welfare system curriculum development and topics. Timeframe: Ongoing to September 2019. Measure: Trainee surveys and evaluations.

Progress Report: In July 2015, CPD began using a new learning management system platform, the Delaware Learning Center (DLC). One benefit of the DLC is the automation of the evaluation process, negating the need for hard copy forms. Evaluations are attached to all CPD courses in the DLC and are available following completion of the course. Workers and supervisors are still getting accustomed to the DLC and the course evaluations are optional at this time.

The online course evaluations in the DLC rate course content, understanding, and relevance to job responsibilities. Rating categories include a Likert Scale of Excellent, Very Good, Good, Fair, or Poor. Also included in the evaluations are open-ended questions under each of the categories requesting ideas on improving that category. Relevant themes are developed regarding trainee's perception of effectiveness of training content, process, relevance to job, and trainer performance. Responses are reviewed following the training and utilized to inform training content, learning strategies, trainer competence, and delivery. Participants rate the content for its direct applicability to their job and if their knowledge and skill level increased by the end of the training. The raw survey data from a total of 62 (July 2015-April 2016) core pre-service and 42 in-service course offerings during FY2016 indicates the rating from participants observed in the greatest frequency falls into the "very good to good" range.

In addition, CPD will add an online midpoint survey to the DLC for DFS new hires. The online DFS MidPoint Survey will be administered at the end of the 2nd month of training and will include a follow-up Quality Check-In meeting between CPD and new hires. The Quality Check-In meetings will focus on any issues or concerns that the new hires have with the courses, mentors, and On-The-Job experiences thus far. CPD will also schedule a Quality Check-In meeting with the supervisors of the new hires to discuss any trends that were identified. By meeting at the midpoint of new hire training, CPD will be able to address issues in a timely manner and to reverse any negative trends. The DFS MidPoint Survey and Quality Check-In process will begin in June 2016.

CPD is also in the process of adding an online system survey to the DLC, allowing CPD to collect data about the entire experience of new hire training, mentor engagement, supervisory support, and functional responsibilities. The online survey will be administered upon completion of the new hire curriculum and will begin in June 2016.

Objective: Establish policy and provisions to identify, document and serve foster children who also may be victims of sex trafficking.

Rationale: Children and youth in foster care, especially those who runaway, are especially vulnerable to exploitation and minor sex trafficking. The new federal Preventing Sex Trafficking and Strengthening Families Act requires attention to this special population.

Outcome: DE victims of sex trafficking are protected from further exploitation and abuse.

Benchmarks:

1. Issue policy and procedures to identify and document foster children who also may be victims of sex trafficking and develop training for staff on the needs of this special population. Timeframe: September 2015. Measure: Issuance of policy and procedures along with development of training curriculum.

Progress Report: DFS released sex trafficking policy and procedures January 4, 2016 including the identification, interviewing, reporting and service coordination for alleged victims of sex trafficking. Among many child welfare partners, DFS staff attended a general trafficking victim conference sponsored by Family Court September 10, 2015 with Administration for Children and Families, American Bar Association, Polaris Project and New Jersey's Department of Children and Families' Commissioner presenting. The annual foster parent conference held May 25, 2016 sponsored a workshop on sex trafficking attended by foster parents and child welfare partners. (See DFS Policy and User Manuals, Administration Chapter, J. Sex Trafficking: http://kids.delaware.gov/information/policy_dfs.shtml). DFS continues plans to train statewide staff on identifying, reporting and serving suspected and confirmed sex trafficking victims. The Center for Professional Development is in the process of incorporating the sex trafficking policy into the DFS new employee training. This benchmark's policy activity is completed. The training activity and timeframe for completion is adjusted to December 2016.

2. Collaborate with law enforcement agencies and Department of Justice to implement protocols to report missing children to law enforcement and entry into the National Crime Information Center (NCIC). Timeframe: September 2016. Measure: Documentation of reporting missing children to law enforcement for entry into the National Crime Information Center.

Progress Report: DFS collaborates with law enforcement agencies and Department of Justice (DOJ) as it relates to missing children. DFS has protocols to report missing children to law enforcement who have authority to enter missing person information into NCIC. The Department's special investigators have the ability to view NCIC and coordinate efforts with law enforcement when necessary. DFS has implemented procedures for staff to report missing foster children to the National Center for Missing and Exploited Children, starting fall of 2015. Elisa Lehman (FBI Victim Specialist) and Susan Alfree (FBI Victim Witness Coordinator) attended the December 9, 2015 Investigation Workgroup to explain the FBI Victim Witness Program and opportunities to communicate and collaborate on children and families we have in common.

Safety Measures:

1. **Quality Assurance:** Measurement for child safety is a composite of questions in investigation and treatment assessing safety in the child's residence. Goal is 100% will be assessed as safe.

Performance: DFS suspended the use of the treatment QA case review instrument in December 2013. Following analysis of the 2015 round 3 CFSR On-Site Review, DE is proposing adopting the Federal OSRI and Online Management System (OMS) in order to collect in-home treatment and foster care performance data. DE will be better able to evaluate this measure once the case review system is put into practice in 2016. For CY15 DE conducted 115 Investigation QA Case reviews. Safety performance is measured against 9 questions addressed in the statewide review instrument. Questions address assessing the correct household, are all children being correctly assessed and, were safety outcomes appropriately identified and supported. For this period, the composite outcome was a positive 97.6%. The core safety question asks if the final safety determination was appropriate for all children in the household. The reported performance outcome was that 99.1% of the cases were found to have resulted in appropriate safety determinations.

2. **National Standard:** Absence of maltreatment recurrence. Goal is 94.6% or higher.

Performance: For FFY2015, DE performance was 98.5% for this measure.

3. **National Standard:** Absence of maltreatment in foster care. Goal is 99.68% or higher.

Performance: For FFY2015, DE performance was 100% for this measure.

DE reserves the option to revise measures based on release of new national standards and development of internal reports.

B. Permanency

Goal: Children maintain or achieve timely permanency

Rationale: Every child deserves to grow up in a stable, nurturing permanent home. Data for timely permanency goal achievement are mixed.

Objective: Implement family search and engagement practice.

Rationale: AECF assessment and Outcomes Matter initiative identify family engagement strategies and tools vital to timely permanency outcomes such as family preservation, reunification and other permanency outcomes. System data on reunification within 12 months from the most recent removal from home indicates an area needing improvement. Community professionals and caseworkers agree the 2015-2019 CFSP should include strategies to improve timely permanency.

Outcome: Children remain safely in their own homes and exit to timely permanency when in foster care.

Benchmarks:

1. Fully implement statewide strategies, tools and supports to conduct successful family search and engagement activities across all program areas to strengthen family connections and placement options for at-risk children and youth. This includes family team meetings and record mining to locate and contact relatives. Timeframe: March 2016. Measure: 95% of Quality Assurance reviews for intake, investigation, treatment and permanency cases indicate family search and engagement activities.

Progress Report: TDM meetings require workers to invite maternal and paternal extended family whenever feasible. For the period July 1, 2015 to February 29, 2016, mothers attended 76% of all TDM meetings, fathers attended 56% of the meetings, and youth attended 76% of the meetings. Relatives and informal support persons attended 78% of the meetings. Because maternal and paternal relatives attend TDM meetings, it provides DFS with a much larger pool of resources for placement and support. DFS continues a contract with CFF to provide 'Family Finding', a family search and engagement (FSE) service to children who have been in foster care for more than 3 years and who have a goal of Termination of Parental Rights (TPR)/Adoption or Another Planned Permanent Living Arrangement (APPLA). This service has been expanded to include non-TPR'd children and/or children who have been in foster care less than 3 years and may be assigned to treatment units. The contract also includes 'Family Outreach'. This service ranges from 3 to 6 months per case, but the caseworkers have determined this search and engagement work takes longer in some cases whether previous information may not be readily available. The service locates and engages relatives and other important relations for children in foster care with the objective of those individuals becoming permanent resources and/or lifelong connections. In most cases, a number of family members are found and become engaged in a child's life. Even when resources do not emerge as a placement, families are often ready and capable to provide pictures, stories, and some family history for the child. In DFS case progress notes in investigation through permanency, there is documentation that caseworkers used various FSE tools and strategies. FSE is also documented in family team meetings and STEPS (Stairways to Encourage Personal Success) meetings. Search activities used by caseworkers include sending notification letters to relatives, mining the case record, and using internet search tools (US Search, Facebook). Caseworkers use tools such as genograms, Eco Map and MY LIFE to gather information about family resources. During this period, from 1/1/15 through 12/31/15, 11 children were referred to CFF for family search and engagement services. Five (5) of those 11 children are living with a relative or former connection and six (6) of the children are still residing with the resource parents they were with when CFF started FSE services.

DFS continues to review children in foster care for 9 months to recommend a permanency goal for the caseworker to present to the court at the 12 month permanency hearing. Any subsequent changes in goal from reunification to another goal must be reviewed by the Permanency Planning Committee (PPC). With the use of TDM, family team meetings, mining the record and diligent searching for and reaching out to relatives, the number of children reviewed by the PPC has increased from the previous year. From April 1, 2015 through March 31, 2016, there was a total of 513 children reviewed with a

recommended goal. This was an increase of 91 children or 9% of children reviewed by the PPC.

As evidence of agency efforts to locate and secure relative placement options for at-risk children and youth, as of December 31, 2015, there were 68 children in DFS custody residing with kinship families.

CRC plans to offer technical assistance to staff to effectively facilitate family team meetings in the coming year. This benchmark's timeframe is adjusted to December 2016. The stated measure is not available. A new measure will be declared in the 2017 edition of the CFSP.

2. Use a continuous quality improvement framework to monitor and guide implementation of family search and engagement practice by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of SDM® data reports from FACTS and case reviews. Meeting minutes documenting findings and recommendations.

Progress Report: This benchmark is pending.

3. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation of family search and engagement processes and outcomes. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: The DFS Data Unit produces monthly data reports detailing TDM activity. The reports are discussed with the TDM Workgroup on a quarterly basis. If trends emerge, such as fewer TDMS occurring pre-removal or a decrease in the percentage of youth attending meetings, those issues are discussed at investigation and treatment workgroups. For the period July 1, 2015 to February 29, 2016, mothers attended 76% of all TDM meetings, fathers attended 56% of the meetings, and youth attended 76% of the meetings. Relatives and informal support persons attended 78% of the meetings.

Objective: Improve foster care placement stability and support adoptive families.

Rationale: Placement stability data indicates an area needing improvement. Early data indicators of *Outcomes Matter* show promising outcomes for early foster care episode placements. DFS, its sister Divisions of Prevention and Behavioral Health Services and Youth Rehabilitative Services are collaborating to expand community-based services for teens. Recent data on children exiting to adoption within 24 months is the best on record; the agency wants to continue timely adoptions.

Outcome: Foster children have lower rates of replacement.

Benchmarks:

1. Recruit in-state foster homes to meet the needs of minorities, teens, siblings groups and children with special needs. Timeframe: Ongoing to September 2019. Measure: Annual number of new foster parents serving minorities, teens, siblings groups and children with special needs.

Progress Report: The 2015 CFSR final report issued October, noted strengths in recruiting foster homes to meet the needs of children in care. Interviews with stakeholders indicated DE routinely uses data to guide the recruitment efforts and has successfully recruited resources families to match the race and ethnicity of children in foster care. DE employed a full time recruiter as well as utilized local coordinators for recruitment efforts. Interviews indicated that the state continuously adjusts its recruitment plans using monthly reports of demographics and successfully uses partnerships with faith-based organizations in recruitment efforts. The state has focused recruitment efforts on the targeted population of older youth, siblings groups and children with special needs while referring non-targeted interests to the contracted agencies. During CY2015, 12 of 33 approved DFS foster families committed to serving the targeted population of teens, sibling group or special needs population.

2. Implement a statewide foster parent recruitment plan. Timeframe: Ongoing to September 2019. Measure: Issuance of plan and annual reporting of progress towards goals and objectives.

Progress Report: The DFS foster care recruitment plan, issued June 2013, is updated annually and continues to be utilized. The Division contracted a statewide recruiter who helped with the development, implementation and reporting for the recruitment plan. The recruiter along with the foster home coordinators and PCAD trainers track foster parent inquiries, provide information and orientations and maintain contact with families through the training and approval process. DFS utilized foster parents and youth to help recruit and continued to develop community and faith-based organizations. Part of the recruit plan continued to be focused on the special populations of teens, sibling groups and special needs populations. The recruiter did regular check in meetings with coordinators and families regarding events and incentives. When someone inquires about fostering they are provided with information, an introduction letter from the Foster Care Program Manager and invited to attend an orientation session. In December 2015 the long standing foster care program manager left the agency and a new program manager began March 2016. In April 2016 the statewide recruiter resigned. The foster care team has been exploring the option of having a foster parent replace the recruiter and the recruitment plan is being updated internally.

3. Continue post-adoption services to strengthen bonding and prevent disruptions. Timeframe: Ongoing to September 2019. Measure: Number and percentage of adopted children re-entering foster care.

Progress Report: DFS has a contract with A Better Chance for Our Children (ABCFOC) to provide adoption services for children in foster care. In 2007, DFS expanded the contract with ABCFOC to include post-adoption services for children who exited foster care via adoption or permanent guardianship. The agency has a 24-hour hotline for families in crisis. The activities include information and referral, crisis assistance, statewide trainings on adoption-related topics, support groups for parents, therapy and support groups for children, Love and Logic parenting, Rec N Respite, and parent/child bonding workshops. In addition, ABCFOC provides parent training workshops with various speakers at a minimum of 6 times throughout the year and statewide. The topics have included a bonding workshop with Dr. Lark Eshleman in both New Castle and Sussex Counties, 'Street Drugs' by James Harrison from Brandywine Counseling, 'Parenting Children Who Have Been Traumatized' by Kathy Newquist, 'Understanding the Importance of Birth Parents' by Dr. Vicky Kelly, 'Parenting Children with Fetal Alcohol Spectrum Disorders' and 'Parenting with Love and Logic'. Some of these support groups and activities are in conjunction with Adoptive Families with Information and Support (AFIS), an adoption community agency. Referrals come from DFS foster care, private agency adoptions, other state adoptions, international adoptions and the families themselves seeking post adoption training and support services. Referrals for post-adoption services are increasing in recent years. During SFY 2015, there 27 children who attended the post-adoption support groups. Those children were adopted from DE foster care, adopted from other states and residing in DE, and international adoptions.

For SFY2015, 4 children entered foster care resulting from an adoption disruption or dissolution. As of this report, those children remain in foster care. Three have a goal of reunification and one has a goal of TPR/Adoption. All 4 children were originally adopted from DE foster care. All four are over 16 years of age. One child returned to foster care with a goal of APPLA, one child is placed in a group home with a goal of reunification and two children are residing with non-relative resources.

Mary Lou Edgar (Executive Director of ABCFOC) and Kelly Ensslin (Deputy, Office of the Child Advocate) gave a PowerPoint presentation at the April 13, 2016 Investigation Workgroup about trauma adoptive children experience and resources for these children and their families.

4. Use a continuous quality improvement framework to monitor foster care and adoptive placement stability by reviewing DFS data (foster parent recruitment/training and placement stability), foster parent surveys, Quality Assurance case review reports and adoption disruption/dissolution data with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of placement stability data reports from FACTS and case reviews; meeting minutes documenting findings and recommendations.

Progress Report: This benchmark is pending.

5. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports, contractual performance measures and feedback from DFS staff, trainers

and system partners to monitor foster parent recruitment, training and placement stability. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: DE continues to use data reports, contractual performance measures and feedback from staff and partners to monitor this area. The 2015 CFSR rated ‘Stability of Foster Care Placement’ as a strength in 90% of 52 applicable cases. The Round 3 National Standard for rate of placement moves in a 12 month period was 4.17 which is considered no different than the 4.12 national standard per 1000 days in care. Placement of children with siblings was an area needing improvement with 88% of the 25 applicable cases rated a strength. DE scored 98% of the 45 cases as a strength with assessing the needs of foster parents and providing services to them. DE did need improvement in the area of notifying foster parents of their rights to be heard and attend the court hearings and reviews. DE needed improvement in regards to training for foster parents and the need for additional training for the care of children with behavioral challenges. DE also demonstrated strength in applying state standards equally to all licensed or approved foster homes receiving title IV-B or IV-E funds as well as rating strength with requiring criminal background checks for providers. Diligent recruitment of foster and adoptive homes was rated a strength indicating the state routinely uses data to guide recruitment efforts and successfully recruits resources to match race and ethnicity of children in care. The employment of a statewide recruiter was noted in the final report. Ninety percent of 32 foster parents that participated in CFSR Self-Assessment focus groups stated they receive what they need in regards to training. Three foster parents who participated in the new IHS pre-service training described it as a “great experience and a very supportive trainer.” They stated it was helpful to them in preparing for foster children to enter their home. The results of the DE Annie E. Casey Foundation Performance Measures report indicate all positive marks for placement stability in the first 100 days of placement. These results were shared with stakeholders in May 2016. Survey feedback and recruitment statistics are reviewed at statewide foster care and recruitment meetings. IHS training will continue. Recruitment of DFS foster homes has not met the goal of 40 targeted population homes. Recruitment planning continues to target special populations. The foster care team recently implemented a placement search tracking system to record the efforts to locate a foster family that is intended to not only help the coordinators in the search but for caseworkers and administrators to get current data on the searches. This system will record reasons for placement denials to inform service gaps.

Objective: Improve timely exits to reunification, adoption and guardianship for foster children. Rationale: Data reports for timely permanency outcomes such as family preservation, reunification and other permanency outcomes are mixed. Agency wants to improve rate of reunification without increasing foster care re-entry rates. AECF assessment recommendations and *Outcomes Matter* identify kinship care programming as a strategy to achieve timely exits. Agency wants to continue strong performance for timely adoptions within 24 months of entering foster care.

Outcome: Shorter lengths of stay in foster care for children exiting to reunification, adoption and guardianship.

Benchmarks:

1. Provide MY LIFE programming to all appropriate foster children and youth; prioritize children with a permanency plan of adoption or APPLA. Timeframe: June 2017.
Measure: Number of children and youth by permanency goal receiving MY LIFE services.

Progress Report: The MY LIFE (My Young Life In Foster care Explained) Program is DFS' adaptation of the 3-5-7[©] Model developed by Darla L. Henry, PhD, MSW, of Darla L. Henry & Associates, Inc. The 3-5-7 Model[©] is a state-of-the-art, evidence-informed relational practice supporting the work of children, youth, individuals and families in rebuilding their lives after experiencing traumatic events, specifically as they relate to losses. MY LIFE services have been provided since 02-28-11 via DFS special needs adoption contracts with A Better Chance for Our Children, Bethany Christian Services, Children & Families First, and Children's Choice. New activities for this reporting period include adding reunification cases as recommended by Permanency Planning Committee to eligible populations. Referrals in general have steadily increased since 2011 with an impressive increase during the past 12 months:

PROGRESS REPORT PERIOD	NUMBER OF CHILDREN SERVED	UNDUPLICATED CHILD COUNT
02-28-11 to 03-31-15	484	356
02-28-11 to 03-31-16	769	511

This reflects a significant increase of 285 children served and 155 unduplicated count children during the past 12-month period. The data source is the DFS pre-adoptive and post-adoptive monthly invoices, as this service is not in our FACTS system.

This is the breakdown of cumulative child counts by permanency goal. Note this is a duplicated count compared to the unduplicated count above:

PERMANENCY GOAL STATUS	DUPLICATED CHILD COUNT (cumulative 2-28-2011 to 3-31-2016)
TPR (Adoption and APPLA)	572
Non-TPR APPLA and Reunification	178
Post Adoption	11
Total	761

Initial MY LIFE training was provided in 2011 to DFS and contracted agency staff by Darla Henry and Stephanie Hodge Wolfe of Darla L. Henry & Associates, Inc. It was geared specifically to the workers who would actually be providing the service to the children. Since 2011, MY LIFE training has been delivered in 2012, 2014, 2015 and 2016. MY LIFE advanced training was offered April 21, 2016 by Darla Henry and Stephanie Hodge Wolfe to seasoned providers of MY LIFE services. There were 70 people who attended the Intro to MY LIFE training on April 19 and April 20. There were

20 people who attended the Advanced MY LIFE Training on April 21, 2016. Contracted private adoption agencies' staff is interested in providing group sessions to supplement the individual sessions; planning is underway for the summer of 2017.

The next step for MY LIFE moving forward is continued expansion of services to children with goals of reunification. DFS hopes to fully implement this during SFY2017, pending sufficient funding. The shifting of funds and contracted services from the Adoption Program to the Foster Care Program is being considered to facilitate earlier intervention in the child's foster care episode. The goal is to assist children in foster care with their difficult work of grief and loss so that they are more ready to accept permanency decisions, whatever those may be, and to be able to form more trusting relationships in the future. The timeframe for this benchmark remains June 2017.

2. Research, develop and implement kinship care programming. Timeframe: September 2017. Measure: Number of children placed in approved kinship homes.

Over the last three and half years DFS has researched and engaged in kinship care program development and has begun a pilot Kinship Care Program in New Castle County in October of 2014. Annie E. Casey Foundation consultants assisted DFS in research and organization. The program outlines include the goal which is to "Create a kinship care path to increase the number of kin providing care to youth in DFS custody and to improve the financial and non-monetary support that DFS is able to offer these caregivers". For the pilot, kin is broadly defined as any individual with a significant, positive relationship and emotional connection with the child and/or family to include fictive kin. The pilot kinship program allow DFS to identify barriers and make informed decisions related to policy and infrastructure readiness and needs, in order to successfully fully implement a kinship program statewide. A foster care coordinator volunteered to pilot the kinship pilot program and agreed to carry a caseload of 6 kinship families. Referrals are generated from TDM meetings. The pilot tracks 4 data points: number of children/youth placed with kin, length of stay, placement disruptions, and permanency exit type. As of December 31, 2015, there were 6 families active in the kinship care program. This was the maximum number of families to be active at one time for this pilot in New Castle County. The following information shows the path for the other referrals:

- 3 families chose to become foster parents and are in the process of being approved
- 9 families have entered the program
- 4 families showed interested but dropped out for various reasons (guardianship, lack of follow through)
- 1 child return home to the birth parents
- 1 child aged out of foster care before being approved as a kin resource
- 3 families have pending guardianship petitions on open kin cases

In 2 cases, the children were removed from a foster home, placed with kin and subsequently was involved in this kinship program. And, in one case, reaching out to kin has helped to keep the kids from being placed into foster care. The kinship work group met in May 2016 to present to program to the other administrators and foster home

coordinators statewide. Subsequent meetings and training will be discussed. The next reporting period will discuss the rollout for this kinship program statewide.

As related data, for CY15, there were 68 children in DFS custody residing with kinship families who are not a part of this pilot.

3. Collaborate with the Family Court through local and state level meetings and review of DFS and Court Improvement Program (CIP) key measures to strategically plan strengthening legal processes to improve timely permanency. Timeframe: Ongoing to September 2019. Measure: Meeting minutes documenting review of data reports and actions taken.

Progress Report: In response to the CFSR final report, the DFS Adoption Program Manager and the CIP representative are sampling cases to identify strengths and weakness in identifying the permanency goals timely and judicial hearings. The first meeting to review cases was held on April 22, 2016. A follow up meeting will be scheduled in early June to continue to review the sample cases. A workgroup will then be pulled together to discuss this issues in greater detail and actions will be included in the CFSR PIP. Updates will be shared in a future report.

4. Continue expediting permanency goal review by caseworkers, supervisors, child advocates and local permanency planning committees of children age 5 and younger. Timeframe: Ongoing to September 2019. Measure: Number of children age 5 and younger reviewed by permanency committees before the 9th month.

Progress Report: Children under the age of 5 are reviewed by the supervisor, CASA/Guardian ad Litem (GAL), Deputy Attorney General (DAG) and local Permanency Planning Committees in each region for fast tracking to permanency, if early indications are the child cannot return home, birth parents had prior involuntary termination of parental rights, birth parents have felony convictions and maybe incarcerated, or birth parents whereabouts are unknown. The Permanency Planning Committee meetings include DFS managers and supervisors and community providers. Young children are prioritized for reviews and are reviewed frequently by DFS and the court until permanency is achieved. For children age 5 and younger, the caseworkers continue to look at past history with DFS and consult with legal counsel for further discussion or unless directed by the court to refer the case to the PPC. Supervisory case conferences focus on the permanency planning efforts and activities for the younger children. All of the children in foster care needing permanency are referred to the MY LIFE Program, child specific recruitment and family search services as needed and as appropriate. From April 1, 2014 through March 31, 2015, there were 422 children reviewed by the PPC statewide. From April 1, 2015 through March 31, 2016, there were 513 children reviewed by the PPC statewide. This increase is due to the fact that there have been more children placed in foster care in the past 12 to 18 months due to parental substance abuse issues, mental health issues with the birth parents, incarceration of the birth parents and homelessness.

There continues to be an emphasis on children age 5 and younger even though all children placed in foster care are looked at for expedited permanency planning, if applicable. During FFY2015, there were 251 children who exited foster care. One hundred twenty (120) or 48 % of those children were 5 years or younger. This was a slight increase in exits for this population from the previous year. From January 1, 2016 through May 9, 2016, there were 52 children referred to the PPC who were in foster care less than 9 months. Twenty four of those children were under the age of 5 years. The goal recommended by the PPC for those 24 children is as follows: 17- TPR/Adoption, 1 - permanent guardianship, 3 - reunification, 1 - case deferred, 2 - request no case planning with birth parents. Of the 82 children exiting to adoption during CY2015, 60 were age 5 and younger or 73% of the children adopted. This was a slight increase from the 52 children or 68% who were removed from foster care to adoption in the CY2014.

5. Use a continuous quality improvement framework to monitor exits to permanency by reviewing DFS data, CIP key measures and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of permanency exit data reports from FACTS and case reviews; meeting minutes documenting findings and recommendations.

Progress Report: This benchmark is pending.

6. Until a CQI system is operational, use existing data reports, CIP key measures, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor timely permanency. Use existing DFS and CIP forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from FACTS and case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: DFS reviews national data profile permanency measures at Senior Leadership Team meetings at least twice per year. Permanency data, measures and performance were discussed with various groups during the CFSR Self-Assessment, CFSR Stakeholder Interviews and CIP/DFS meetings. The information is also shared at the statewide permanency work groups, meetings with the contracted adoption agencies and the Interagency Committee on Adoption. The May 27, 2015 national profile scaled scores for the Permanency Composite 2: Timeliness to Adoption and Permanency, finds DE exceeded the national standard for FFY2013-14. Agency and community partners believe initiatives on family engagement, SDM®, SOP and frequency of court reviews contribute to this strong performance. For Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time, DE's performance exceeded the composite scaled score for FFY2013 and missed the standard by 5.8 points for FFY2014.

DFS continues partnership with Children's Research Center for SDM® and SOP technical assistance and consultation.

The Permanency Options Workgroup developed from the CPAC Permanency for Adolescents Committee continues to meet as needed to discuss issues of permanency, in particular, the children 16 and older. There were two meetings in 2016: February 19 and April 22. The representative for OCA developed a draft document for the group with community resources for guardianship and kinship families. This information will also be presented to DFS, contract agency staff, CASA, GAL and community partners during the training on Permanency Options. The subcommittee is also looking at disrupted adoptions. A draft document shows from the information gathered from the past 5 years, more than 75% of those families who experienced a disruption did not participate in any post-adoption services. It was also determined that more than half of the adoption disruptions were for children adopted in other states and now living in DE or from international adoptions. DFS and the contracted adoption agencies continue to promote ABCFOC's post adoption services. Brochures can be found on-line on the ABCFOC website: <http://www.abcfoc.org/>

Objective: Reduce the number of youth exiting foster care at age 18.

Rationale: The number of youth with APPLA goals was 321 for FFY2008, current DFS data states 120 youth with APPLA goals. The agency wants to continue to reduce the number of youth exiting foster care at age 18.

Outcome: Reduced number and percentage of youth exiting foster care at age 18 without permanency.

Benchmarks:

1. DFS Strategic Leadership Team and Policy Review Team to review and assess permanency planning policy for older youth with the goal of APPLA. Timeframe: September 2015. Measure: Documented review of permanency planning policy for older youth with the goal of APPLA by the Strategic Leadership and Policy Review Teams.

Progress Report: DFS receives a monthly data report from FACTS showing the number of children in foster care with a goal of APPLA. On January 1, 2014, the number of children in foster care with a goal of APPLA under the age of 18 was 115. As of January 1, 2015, the number of foster children with a goal of APPLA under the age of 18 was 96. As of January 1, 2016, the number of foster children with a goal of APPLA under the age of 18 was 83 children. This is a decrease of 13 or 9%. The monthly APPLA report data and information is discussed at the CPAC Permanency Options Work Group of the CPAC Permanency for Adolescents Committee. Committee updates and data are shared with DFS regional managers and supervisors at regular statewide permanency work group meetings. A chart on permanency options for foster children was developed. This training on permanency options continues at meetings in the regions and/or trainings statewide or on a one by one basis with DFS caseworkers as needed. This information has been well received by everyone. Since the enactment of the Preventing Sex Trafficking and Strengthening Family Act, DFS has been educating staff that APPLA is limited for youth age 16 and older and that each permanency hearing reviews efforts to place a child permanently with a parent, relative or in a guardianship or adoptive home. Caseworkers

must also document why this plan is in the child's best interest. The DFS policy and procedure manuals were updated January 4, 2015.

2. Analyze system and case specific data on youth served by multiple divisions to make recommendations to improve services to stabilize in-state placements, support timely permanency and reduce the number of youth exiting foster care at age 18. Timeframe: August 2015. Measure: Documented review of data and recommendations for youth served by multiple divisions.

Progress Report: As participants in the Partnering for Success Department Initiative, DFS reviews case specific data on youth served by multiple divisions. There is a Data Subcommittee of the Partnering for Success Initiative. The initial work of this subcommittee helped inform ETF (Expedited to Family) protocols and eligibility criteria for participants. The focus of the ETF meetings was on cohorts of multi-divisional youth in out of state placements. The ongoing work of this subcommittee is now more focused on data needs associated to the FIRST project which aims to prevent deeper end services and long term out of home placements. The data subcommittee supports FIRST on criteria and eligibility data, data needed to be tracked during the FIRST process as well as outcome data. The FIRST project focuses on youth served by DFS and at least one other Division. This benchmark's activity, timeframe and measure is adjusted to address FIRST initiative data needs in the 2017 version of the CFSP.

Objective: Strengthen permanency planning for children age 15 and younger.

Rationale: P.L. 113-183, Preventing Sex Trafficking and Strengthening Families Act, limits APPLA goal choices to youth age 16 and older.

Outcome: Increased number and percentage of children and youth age 15 and younger exiting foster care to reunification, adoption or guardianship.

Benchmarks:

1. Use family search and engagement strategies, tools and supports to conduct successful family search and engagement activities across all program areas to strengthen family connections and permanency options for at-risk children and youth. This includes family team meetings and record mining to locate and contact relatives. Timeframe: September 2015. Measure: Number and percentage of children exiting to reunification, adoption or guardianship.

Progress Report: See B. Permanency; Goal: Children maintain or achieve timely permanency; Objective: Implement family search and engagement practice; Benchmark 1, for progress report on family search and engagement strategies. Regional PPCs continue to review children in foster care at the 10th month, for goal changes other than reunification and as directed by the court. Here is Delaware's permanency exit data for FFY2013-14 from the May 27, 2015 national profile:

FFY	2013	2014
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Reunification	159 (23%)	132 (39%)
Adoption	111 (16%)	84 (25%)
Guardianship	86 (13%)	55 (16%)
Other	102 (15%)	73 (22%)
Total	709	344

In FFY2015, there were 251 children reviewed by the PPC. The results of the PPC reviews are:

- Adoption finalized - 79 children or 31%
- Custody rescinded to parent/original custodian – 111 children or 44 %
- Custody to non-relative (not original custodian) – 2 children or 1%
- Custody to relatives (not original custodian) – 10 children or 4%
- Guardianship – 49 children or 20%

This benchmark's timeframe is adjusted to March 2017 to allow another year of tracking and evaluation.

2. Provide MY LIFE programming to all appropriate foster children and youth to facilitate permanency options. Timeframe: January 2016. Measure: Number of children and youth by permanency goal receiving MY LIFE services.

Progress Report: See B. Permanency; Goal: Children maintain or achieve timely permanency; Objective: Improve timely exits to reunification, adoption and guardianship for foster children; Benchmark 1, for progress report. This benchmark is repetitive of noted reference and is deleted from 2017 version CFSP.

3. Review children and youth under the age of 15 at local permanency committees for appropriate goal selection. Timeframe: September 2015. Measure: Number of children and youth age 15 and younger with a goal of APPLA reviewed by local permanency committees.

Progress Report: Regional PPCs continue to review children in foster care at the 10th month, for goal changes other than reunification and as directed by the court. For FFY 2015, there were 251 children reviewed by PPCs statewide. Of those children, 218 or 87 % were 15 years of age and younger. Permanency exits for those children were as follows:

- Adoption finalized - 78 (31%)
- Custody rescinded to parent/original custodian – 90 (36%)
- Custody to non-relative (not original custodian) – 2 (1%)
- Custody to relatives (not original custodian) – 8 (3%)
- Guardianship – 40 (16%)

4. Participate in the Permanency for Adolescents Committee of the Child Protection Accountability Commission, which leads policy efforts to reduce barriers to permanency. Timeframe: Ongoing to end of workgroup (June 2015 estimated). Measure: Meeting minutes documenting attendance and efforts to reduce permanency barriers.

Progress Report: Participation in this committee has continued. The committee generally meets quarterly, with workgroup meetings scheduled as deemed appropriate. DFS representatives attended all of the meetings which were held on Aug. 26, 2015 (Extended Jurisdiction Workgroup), Sept. 11, 2015 (APPLA Workgroup), Oct. 9, 2015 (CPAC-Adolescents), Dec. 8, 2015 (Permanency Options Workgroup), Dec. 11, 2015 (APPLA Workgroup), Dec. 17, 2015 (Extended Jurisdiction Workgroup), Feb. 9, 2016 (CPAC-Adolescents), Feb. 19, 2016 (Permanency Options Workgroup), Apr. 14, 2016 (Self Sufficiency Benchmarks Workgroup), Apr. 22, 2016 (Permanency Options Workgroup), Apr. 29, 2016 (CPAC-Adolescents), and May 12, 2016 (Self Sufficiency Benchmarks Workgroup). The APPLA and Extended Jurisdiction workgroups concluded during this reporting period. The APPLA workgroup was successful in reducing the APPLA population to less than 100 youth and helping to ensure implementation of the Preventing Sex Trafficking and Strengthening Families Act relative to the new APPLA provisions. The APPLA numbers will continue to be monitored by the CPAC Subcommittee for Adolescents to help ensure that efforts to continue to reduce the population occur. The efforts of the Extended Jurisdiction workgroup produced improved processes for the court, Guardian at Litems, CASAs, Dept. of Justice, contracted independent living agencies, and DSCYF. The Self Sufficiency Benchmarks Workgroup was recently initiated to finalize the document to be used to help ensure comprehensive and coordinated life skills training to youth ages 14 to 21. The initial document was produced by DYOI, yet it was not finalized or implemented. The new workgroup is seeking to edit, update and create an implementation plan with a targeted date of January 2017. The Permanency Options Workgroup continues its efforts to provide training and education to help ensure that permanency is promoted and the available resources for each type of permanency are known when caregivers consider the options. The work of the CPAC Subcommittee on Adolescents also produced the legislation relative to the prudent parenting standards which is expected to pass during the 2016 legislative session. The work of this subcommittee is expected to continue with the goal of continuing to decrease the barriers that prevent permanency.

5. Use a continuous quality improvement framework to monitor exits to permanency by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of permanency exit data reports from FACTS and case reviews; meeting minutes documenting findings and recommendations.

Progress Report: This benchmark is pending.

6. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor timely permanency. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from FACTS and case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: The Adoption and Independent Living (IL) Program Managers meet quarterly or as needed throughout the year with regional administrators, assistant regional administrators, and supervisors to discuss federal and state laws, changes in policy and practice, to discuss regional practices and to review monthly APPLA reports. For the two meetings that were held in 2016 (3/30/16 and 5/31/16), the discussion was on Preventing Sex Trafficking and Strengthening Families Act's provisions for APPLA goal restrictions. DFS does not recommend a goal for a child under the age of 15 years. Anecdotally, at least in one county, this new law is leading to more guardianship and permanent guardianship goals with the foster parents or current caretakers. Permanency barriers are also discussed at the monthly leadership team meetings, in supervision with caseworkers and at the Permanency for Adolescents Committee – Permanency Options Workgroup.

Objective: Continue to work with system partners to identify and reduce barriers to permanency.
Rationale: Community professionals and DFS staff identify joint efforts as necessary to build infrastructure and enhance service array for improved permanency outcomes for children and families.
Outcome: System wide infrastructure and service array supporting timely permanency exits from foster care.

Benchmarks:

1. Participate in the Permanency for Adolescents Committee of the Child Protection Accountability Commission, which leads policy efforts to reduce barriers to permanency. Timeframe: Ongoing to end of workgroup (June 2015 estimated). Measure: Meeting minutes documenting attendance and efforts to reduce permanency barriers.

Progress Report: See B. Permanency, Goal: Children maintain or achieve timely permanency, Objective: Strengthen permanency planning for children age 15 and younger, Benchmark 4 for update.

2. Participate in strategic planning efforts of the Department of Services to Children, Youth and Their Families to promote collaboration and coordinated service delivery to multiple division youth served by child welfare, behavioral health and/or juvenile justice systems. Timeframe: Ongoing to September 2019. Measure: Meeting minutes documenting attendance and coordination of service delivery.

Progress Report: DFS is an active partner in the Department FIRST initiative under the 'Partnering for Success' banner. This initiative focuses on family engagement and coordinated service delivery to multi-divisional youth and their families. This includes multiple administrative and supervisory staff participating in the various workgroups associated with the initiative. DFS provides two Victims of Crime Act grant positions supporting FIRST programming as community resource coordinators.

3. DFS leadership to monitor meeting attendance and system partner feedback regarding collaborative effort to reduce barriers to permanency. Ongoing to September 2019.
Measure: Meeting minutes and feedback from system partners.

Progress Report: The Child Protection Accountability Commission's Permanency for Adolescents Committee continues to work on issues related to increasing permanency options for youth. The committee is comprised of representatives from the Division of Family Services, Family Court, Office of the Child Advocate, the Public Defender's Office, CASA and the Department of Justice. Efforts this year included drafting Senate Bill 247 which addresses and defines prudent parent standards, requirements related to reducing the use of APPLA as a permanency goal, and speaks to youth involvement in case planning and their rights in foster care – all part of the Preventing Sex Trafficking and Strengthening Families Act. The group also developed documents related to resources for guardianship and kinship care that outlines financial and other supportive resources available to kin caregivers and a youth transition guide that is nearing finalization which serves as an information guide for older youth. The group continues to work on a self-sufficiency benchmarks document with updates from recent policy and legislative changes. Meeting minutes are located on the OCA website: <https://egove.delaware.gov/pmc/#agency4>.

Permanency Measures:

1. Caseworker foster care contacts. Measure 1: Percent of foster children visited each and every month; and, Measure 2: Percent of those visits occurring in the child's residence. Goal for Measure 1 is 95%. Goal for Measure 2 is 50.5%.

Performance: Measure 1: For FFY15, the percent of child visited each and every month was 95.87%. Measure 2: For FFY14, the percent of visits occurring in the child's residence was 82.34%.

2. National Standard: Permanency Composite #4 with component scores.
 - Scaled state composite score. Goal is 101.5 or higher.

Performance: For CY2015, the scaled composite score was 94.7.

- Of those children in care less than 12 months - percent with 2 placements or less. Goal is 86% or higher.

Performance: For CY2015, performance for this measure was 83.1%.

- Of those children in care for 12 but less than 24 months - percent with 2 placements or less. Goal is 65.4% or higher.

Performance: For CY2015, performance for this measure was 61.8%.

- Of those children in care 24 or more months - percent with 2 placements or less. Goal is 41.8% or higher.

Performance: For CY2015, performance for this measure was 34.8%.

3. National Standard: Reunification within 12 months from the most recent removal from home Goal is 75.2% or higher.

Performance: For CY2015, performance for this measure was 57.1%.

4. National Standard: Adoption within 24 months from the most recent removal from home. Goal is 36.6% or higher.

Performance: For CY2015, performance for this measure was 39.0%.

5. Quality Assurance: Measurement is the percent of placement and permanency case reviews agreeing with APPLA (Another Planned Permanent Living Arrangement) goal selection. Goal is 95% or higher.

Performance: No data available, at this time.

DE reserves the option to revise measures based on release of new national standards and development of internal reports.

C. Well-Being

Goal: Families are empowered to meet their own needs

Rationale: Guiding principles for the CFSP emphasize family engagement in assessment, planning and service delivery to internalize positive change based on strengths and achievements. The AECF assessment and *Outcomes Matter* promote active family engagement strategies to help families plan for their needs.

Objective: Fully engage at-risk families in assessment, planning and service delivery activities.

Rationale: Children and families are more likely to actively engage in a plan in which they had a key role in designing. Key decisions include family and youth voices. AECF assessment and *Outcomes Matter* promote family engagement strategies and tools.

Outcome: Successful and timely assessment, planning and services with parents and youth participation while maintaining safety of children of families served.

Benchmarks:

1. Continue Team Decision Making statewide for children at risk of removal from their homes. Timeframe: Ongoing to September 2019. Measure: Data reports on number, participants, recommendations and outcomes of TDM meetings.

Progress Report: The DFS Data Unit produces monthly data reports detailing TDM activity. The reports are discussed with the TDM Workgroup on a quarterly basis. If trends emerge, such as fewer TDMS occurring pre-removal or a decrease in the percentage of youth attending meetings, those issues are discussed at investigation and treatment workgroups. In SFY2016, mothers attended 77% of all TDM meetings, fathers attended 55% of the meetings, and youth attended 74% of the meetings. Relative, non-relative and informal supports attended 78% of the meetings. Foster parents or other

caregivers attended 12% of the meetings and agency partners attended 98% of the meetings. DFS was able to divert 48% of children from entering DFS foster care. Investigation workers made 70% of the referrals for TDMS and treatment workers made 30% of the referrals.

Additionally Annie E. Casey Foundation provided a Team Decision Making refresher training to supervisors, TDM facilitators, staff from the Center for Professional Development unit, and caseworkers interested in becoming back-up TDM facilitators. The training occurred May 16-18, 2016.

2. Implement Safety-Organized Practice (SOP) Practice Model strategies, including family conferencing to be utilized at key decision points in child welfare cases. Timeframe: March 2016. Measure: Quality assurance case review reports on SOP activities.

Progress Report: DFS has implemented SOP strategies in all program areas, including investigation, treatment and permanency. The strategies include Team Decision Making when DFS is considering petitioning for custody, conducting family team meetings at key decision points in a case, group supervision to discuss challenging cases or identify next steps, and Structured Decision Making tools throughout the life of a case. SOP strategies also include using solution focused questions, documenting family networks and including family in assessment and planning activities. For CY2015, investigation QA results for SOP family engagement strategies were:

QA Investigation Tool Item	% Reviewers Agreeing (N=115)
FE1. Were solution-focused questions used to gain insight into the family issues, strengths and possible solutions?	44.3%
FE2. Is there evidence that Mapping was used in a face-to-face contact with the family?	9.6%
FE3. Is there evidence that harm and danger statements were created with the family?	26.1%
FE4. Is there evidence that solution-focused questions were used to gain insight into the child's perspective of the family's issues, strengths and possible solutions? (Techniques for using solution-focused questions with children include the safety house and the three houses.)	32.5%
FE5. Were the family's networks or community/cultural assets included in the Child Safety Agreement or other activities focused on improving child safety?	83.3%

Case reviews are currently suspended for treatment and permanency cases, QA data is not available. There are no QA goals for investigation case ratings but there is evidence across these questions that strategies are employed. Considering the pending decision to adopt the federal OSRI for the CFSR PIP, future measurement of this benchmark is not available. This benchmark is completed.

3. DFS Program Support Team to conduct literature reviews, contact states' liaison officers, research evidence-based models as promoted by Child Welfare Information Gateway, Child Welfare League of America and American Humane Society and make recommendations for improving the continuum of family preservation, reunification and support interventions. Timeframe: June 2016. Measure: Documentation of research, findings, recommendations and action taken.

Progress Report: This benchmark is pending. Timeframe is adjusted to June 2017.

4. Use a continuous quality improvement framework to monitor and guide implementation of family engagement practice by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of SOP data reports from FACTS and case reviews. Meeting minutes documenting findings and recommendations.

Progress Report: This benchmark is pending.

5. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation of TDM and SOP. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: The CRC has provided the following coaching sessions for DFS staff:

- December 1-3, 2015 –Safety Planning
- January 19-21, 2016 – SOP/SDM Best Practices Coaching
- April 26 – 28, 2016 – FSNG/CSNG Coaching

The CRC also conducted two case readings to ensure fidelity to the tools:

- April 6-8, 2016 - this case reading focused on Safety Planning
- May 10-11, 2016 – this case reading focused on safety planning and completion to the FSNG/CSNG and Family Service Plans

See review findings in Safety under Objective: Implement SDM®, Benchmark 2.

Goal: Youth are empowered to meet their own needs

Rationale: Youth are more successful achieving independence when supported by individualized planning and services. Including youth in system wide planning has resulted in improved services. Rates of high school graduation and employment indicate areas needing improvement.

Objective: Promote timely permanence and increase opportunities available to young people in employment, education, personal and community engagement.

Rationale: Rates of teens aging out of foster care at age 18, high school graduation and employment indicate areas needing improvement. Early success with financial assistance for young adults needs to continue. Strong individual and system planning includes the voice of youth. Education and employment measurements indicate areas needing improvement.

Outcome: Lower rate of foster youth exiting foster care at age 18. Increased graduation and employment rates for young adults. Increased rates of youth reporting personal and community connections.

Benchmarks:

1. Use family search and engagement strategies (e.g. family meetings and record mining) to build connections and supports for foster youth and young adults aging out of foster care. Timeframe: June 2016. Measure: Quality Assurance case review and independent living data reports.

Progress Report: DFS continues a contract with CFF to provide ‘Family Finding’, a family search and engagement service to children who have been in foster care for more than 3 years and who have a goal of TPR/Adoption or APPLA. This service has been expanded to include non-TPR’d children and/or children who have been in foster care less than 3 years and may be assigned to treatment units. The contract also includes ‘Family Outreach’. This service ranges from 3 to 6 months per case, but caseworkers have determined this search and engagement work takes longer in some cases as previous information may not be readily available. The service locates and engages relatives and other important relations for children in foster care with the objective of those individuals becoming permanent resources and/or lifelong connections. In most cases, a number of family members are found and become engaged in a child’s life. Even when resources do not emerge as a placement, families are often ready and capable to provide pictures, stories, and some family history for the child. In DFS case progress notes in investigation through permanency, there is documentation that caseworkers used various FSE tools and strategies. FSE is also documented in family team meetings and STEPS meetings. Search activities used by caseworkers include sending notification letters to relatives, mining the case record, and using internet search tools (US Search, Facebook). Caseworkers use tools such as genograms, Eco Map and MY LIFE to gather information about family resources. For CY2015, there were 68 children in DFS custody residing with kinship families.

During CY2015, 11 children were referred to CFF for family search and engagement services. Five of 11 children are living with a relative or former connection and 6 still reside with the resource parents they were with when CFF started FSE services.

During the 2015 calendar year, 95% of youth receiving independent living services reported that they have a permanent connection. Efforts continue by IL providers to help youth to identify family and individuals who can serve as permanent connections for the youth.

2. Conduct STEPS (Stairways To Encourage Personal Success) for all foster youth age 17 and older to plan a successful transition to adulthood. Timeframe: Ongoing to September 2019. Measure: Quality Assurance case review data reports.

Progress Report: Due to administrative staffing changes data collection efforts were hampered and hence not available for this reporting period. This has been rectified and data will be made available next year.

Fully fund and implement ASSIST (Achieving Self Sufficiency and Independence through Supported Transition) for young adults (ages 18-20) who are aging out of foster care. Timeframe: June 2017. Measure: Budget allocations for 3 years of ASSIST funding.

Progress Report: While ASSIST is fully funded for three cohorts, a FY2017 DSCYF budget request was made to structurally move the third cohort's funding from appropriated state funds to general funds.

3. Continue Opportunity Passport™ programming to provide financial skills and match savings accounts. Timeframe: Ongoing to September 2019. Measure: Documentation of active training and match funds.

Progress Report: The Opportunity Passport program is administered by community partner, West End Neighborhood House. Although this agency is a contracted agency for IL and transitional housing, their administration of this savings match program is performed outside of their contract with DSCYF. They entered into an agreement with DYOI and have continued to administer the program beyond the conclusion of the DYOI program. The financial literacy training is provided to all participants online through the Moneyskills.org program. During this reporting period, a total of 47 youth were enrolled in the program with ten of those being enrolled as of 2016. At least two youth have obtained matched funds and purchased assets. Efforts are not currently underway to secure additional funding to grow the program but this may occur in the future. Sufficient funding is currently available to fulfill match requirements for current participants

4. Partner with the Youth Advisory Council (YAC) to achieve positive outcomes for foster youth and young adults aging out of foster care. Timeframe: Ongoing to September 2019. Measure: Documentation of joint participation in YAC meetings and events.

Progress Report: The Youth Advisory Council has continued to function under the supervision of the IL Program Manager. The membership numbers have remained consistent with approximately 25 youth per month participating. There are a number of newer members. Collaboration with the youth can be noted with the youth relative to their participation in surveys regarding their time in foster care. Additionally, members provided testimony at the legislative Joint Sunset Committee hearings. The youth continue to take an active role in the development of their youth conference in coordination with adult advisors. Community service has occurred at the highway cleanup events and with the Division of Prevention and Behavioral Health's children's

mental health information campaign. The collaboration with YAC is valuable and will be ongoing.

5. Support the initiative for Youth Involvement in Court and Youth Led Representation led by the Family Court and OCA. Timeframe: Ongoing to September 2019. Measure: Documentation of agency participation in court and DYOI meetings.

Progress Report: Given the dissolution of DYOI, there have been no further meetings relative to this initiative. OCA did develop a training to promote effectively communicating the importance of youth participation in court. The training was provided to CASAs and GALs and it was indicated that the training would be made available on line to DFS and others. Although it is not expected, should any future meetings occur regarding this initiative DFS will ensure participation.

6. Review existing foster teen handbook for strengthening youth roles and responsibilities and edit as appropriate. This handbook will be used in the initiatives referenced above in #7. Timeframe: June 2016. Measure: Documented review of current foster teen handbook and appropriate actions to revise.

Progress Report: The foster teen handbook was reviewed by the IL Program Manager in March 2016. It was found to be a valuable tool, however there were a number of edits needed in order to have the handbook finalized. Efforts will be made to complete the edits and implement use of the handbook by the end of 2016.

7. Establish prudent standards for foster parents to ensure developmentally appropriate activities are provided to foster children per Preventing Sex Trafficking and Strengthening Families Act. Timeframe: September 2015. Measure: Issuance of policy.

Progress Report: A workgroup formed in August of 2015 to draft policy for Preventing Sex Trafficking and Strengthening Families Act provisions for prudent caregiver standards. The group was comprised of six DFS staff, three of which were administrative level and three front line staff. There were also two representatives from contracted agencies Pressley Ridge and A Better Chance for Our Children. Issuance of policy and procedures is delayed pending legislative action to ensure liability protection for foster caregivers. In an initial meetings the group reviewed laws from the states of California, Florida, Utah, Washington and advice documents published by the Foster Family Based Treatment Association to create policy drafts for review and comment. S.B.247 is expected to pass this legislative session. This benchmark's timeframe is adjusted to September 2016.

8. Train foster parents on prudent standards established in #9. Timeframe: September 2015. Measure: Documentation of training events or instructions.

Progress Report: Pending legislation and issuance of policy, foster caregiver in-service trainings will include sessions on caregiver decisions promoting normalcy for foster children. This benchmark's timeframe is adjusted to December 2016.

9. Use a continuous quality improvement framework to monitor timely permanency, employment, education and personal/community engagement by reviewing DFS data, Quality Assurance case review reports and youth feedback with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of permanency and independent living data reports; meeting minutes documenting findings and recommendations.

Progress Report: This benchmark is pending.

10. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, youth and system partners to monitor timely permanency, employment, education, and personal/ community engagement. Use existing DFS and DYOI forums to recommend and implement improvements through training, supervision, resource development and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from FACTS, case reviews and independent living; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: Independent Living data has been shared with the Permanency for Adolescents Committee of the Child Protection Accountability Commission and as a part of the report and presentation to the Legislature's Joint Sunset Committee. Given the dissolution of DYOI, June 30, 2015, there is no longer reporting to or feedback from this entity. Data sharing with the Permanency for Adolescents Committee of the Child Protection Accountability Commission centered on the APPLA population and helped to guide the efforts of this committee in addressing a focus on permanency. The reporting to the Joint Sunset Committee focused on IL services, demographic statistics and outcomes of the youth relative to education, employment, housing, and financial services. The reporting provided to the Joint Sunset Committee was well received and resulted in the following recommendations which will be addressed on an ongoing basis:

- The Joint Sunset Committee will request that the Joint Finance Committee consider funding the third cohort of the Ready By 21 stipends.
- DSCYF shall update MOUs with the Department of Health and Social Services, Division of Substance Abuse and Mental Health to increase collaboration and ensure continuity of care to reduce barriers.
- DSCYF shall engage applicable state departments to review the current MOU to determine if updates need to be made to adapt to legislative initiatives that have occurred since the initial creation.
- DSCYF shall engage the University of Delaware to establish a MOU with the goal of increasing post-secondary educational opportunities.
- DFS IL services program shall be released from sunset review with no reporting requirements.

Goal: Foster children receive appropriate mental health assessment and psychotropic medications

Rationale: Federal law and agency procedures provide mental health screenings and treatment, including assessment of emotional trauma associated with a child's maltreatment and removal from home. The agency is charged with oversight and monitoring psychotropic medication administered to foster children.

Objective: Assess and monitor foster children's health and mental health needs.

Rationale: Agency needs to continue foster care entry mental health screenings and implement tracking systems for individual and system use of psychotropic medications.

Outcome: Foster children's health and mental health needs are identified early and are matched with appropriate services.

Benchmarks:

1. Continue Screening and Consultation Unit's assessment of developmental needs and ensure connection to appropriate services to foster children age 5 and younger within 4 weeks of foster care entry. Timeframe: Ongoing to September 2019. Measure: Foster care entry and assessment compliance reports.

Progress Report: Children age 5 and younger who are placed in foster care are screened by the OEBP's Screening and Consultation Unit (SCU). The screening tool used to assess the developmental needs of these young children is the Ages and Stages Questionnaire (ASQ). The ASQ is an evidence-based tool that assists in the identification of potential developmental delays for children ages 1 month to age 5. Results from the ASQ that indicate possible delays trigger SCU staff to make referrals for appropriate services, such as Child Development Watch (CDW) or Child Find. Consultations are provided as an alternative to formal screenings in the event that a child is already receiving early intervention services or if the child has already been screened through another resource (e.g., Division of Prevention and Behavioral Health Services (DPBHS), outpatient behavioral health provider, Child Development Watch). Data from January 2015 through December 2015 indicates that 185 children age five and under were referred to the SCU upon entry to foster care. Of those 185 children, 148 of them were screened using the Ages and Stages Questionnaire (ASQ) to assess their developmental needs. A consultation was provided as an alternative to screening for 37 children, due to the fact that 26 that were already involved with early intervention or mental health services, and 2 were residing in a medical facility at the time of screening and would therefore be screened prior to hospital discharge. Nine children were also excluded because they had already exited care by the time of the screening. Data resulting from the 148 screenings that were conducted indicate that: 1) 27 children were referred for statewide early intervention services (i.e., CDW); 2) 19 were referred for behavioral health services (i.e., outpatient therapy); and 3) 2 were referred to the DPBHS for comprehensive neuropsychological testing. The remaining children did not show evidence of developmental delays and were therefore not referred for additional services at that time.

During 2015, SCU's goal to screen children within the first 30 days of placement in foster care was changed to 45 days after initial placement. This change was made due to increased screener workloads and aligns with the current performance expectations of the

two screeners in the OEBP. In terms of the timeliness with which developmental screenings were administered following entry to foster care in 2015, 85% (126 out of 148) were screened within 30 days of entry to foster care, and 100% were screened within 45 days of entry to foster care. This benchmark is adjusted for the 2017 CFSP changing the completed screening timeframe goal to within 45 days.

2. Continue Screening and Consultation Unit's assessment of foster children within 4 weeks of entering care for mental health services, using developmentally-appropriate and trauma-informed screening tools. Ensure connection to evidence-based interventions as appropriate. Timeframe: Ongoing to September 2019. Measure: Foster care entry and assessment compliance reports.

Progress Report: Children ages one month to 18 years old entering foster care are screened by the Office of Evidence-Based Practice's SCU to assess for their mental health and well-being needs. Consultations are provided as an alternative to formal screenings in the event that a child is already receiving mental health services or if the child has already been screened through another resource (e.g., DPBHS, outpatient behavioral health provider, Child Development Watch). Current tools used in screening for mental health and well-being needs include: Brief Problem Monitor (BPM), Trauma Symptom Checklist for Children (TSCC), Trauma Symptom Checklist for Young Children (TSCYC), Global Assessment of Individual Needs (GAIN-SS), Fetal Alcohol Syndrome Disorder Screener (when appropriate), and Adverse Childhood Events Questionnaire. The SCU is also currently participating in the process of rolling out a new assessment tool called TOP that is being used as part of division-wide pilot that began in September 2015. TOP is a web-based tool that assesses child well-being for children ages 4-18. TOP has been used in behavioral health for more than 20 years, and the Annie E. Casey Foundation is supporting DE in modifying the tool for use in child welfare. Our goal for using TOP with our children in foster care is to increase the use of behavioral health information early in the case to guide treatment and placement decisions, and to provide enhanced provider data to aid performance contracting. The TOP will be used by not only SCU staff when a child initially enters foster care, but also by caseworkers during case planning throughout a child's time in care. This tool should be a useful addition to our screening protocol and should greatly assist in identifying the mental health and well-being needs of children in DE's foster care system.

Data from January 2015 through December 2015 indicates that 402 children ages birth to 18 were referred to the SCU upon entry to foster care. Of those 402 children, 254 of them were screened using developmentally-appropriate and trauma-informed screening tools to assess their behavioral health and well-being needs. A consultation was provided as an alternative to a formal screening for a total of 148 children, including 102 that were already receiving behavioral health services (e.g., DPBHS, outpatient therapy), and 32 that were screened by another resource (e.g., DYRS, CDW, medical facility). Fourteen children were also excluded because they had already exited care by the time of the screening. Data resulting from the 254 screenings that were conducted indicate that: 1) 84 were referred for behavioral health services (including 19 children that were referred for trauma-specific treatment); 2) 29 children were referred for statewide early

intervention services; and 3) 6 were referred to the DPBHS for comprehensive neuropsychological testing.

During 2015, SCU's goal to screen children within the first 30 days of placement in foster care was changed to 45 days after initial placement. This change was made due to increased screener workloads and aligns with the current performance expectations of the two screeners in the Office of Evidence-Based Practice. In terms of the timeliness with which mental health and well-being screenings were administered following entry to foster care in 2015, 80% (202 out of 254) were screened within 30 days of entry to foster care, 94% (239 out of 254) were screened within 45 days of entry to foster care, and 99% were screened within 60 days of entry to care. Two children were not screened for 66 and 71 days due to extenuating circumstances. This benchmark is adjusted for the 2017 CFSP changing the completed screening timeframe goal to within 45 days.

3. Partner on a consultation project with Tufts University Medical School, Casey Family Programs, DPBHS and DSCYF Office of Trauma Informed Practice on monitoring and managing psychotropic medications in foster care. Timeframe: November 2015 with option to extend. Measure: Documentation of findings, recommendations and actions taken.

Progress Note: In 2012, Casey Family Programs began discussions with the American Academy of Pediatrics and physicians with the Tufts Child Welfare Research and Consulting Group. The goal was to develop a partnership to improve mental health and behavioral services for at-risk youth in a state and to reduce over-use of psychotropic medications and congregate placements. In August, 2014, DE was selected to be the pilot state for this project. The project is scheduled for completion at the end of 2016. After acceptance of the proposal from DSCYF and initial meetings, the three following project goals were identified:

- *Institutionalizing Data Collection, Analysis and Dissemination*

The goal is to develop a plan for ongoing collection, evaluation and interpretation of data regarding the prescribing of psychotropic medication for youth in foster care, including the use of antipsychotic medication and the practice of polypharmacy. As part of this work, DSCYF is writing policy to establish safeguards and improve the quality of medication service delivery for all child-welfare involved youth.

By the end of 2016, plans are to have:

- a) A department-wide policy statement to:
 - Promote best practices in the use and monitoring of psychotropic medications,
 - Promote behavioral therapy and trauma-informed practice in conjunction with psychotropic medications, and
 - Encourage open communications between the foster or kinship family, birth family and prescriber as to the risks and benefits of the treatment, side effects, the youth's progress, and discontinuation of the medication.

- b) A series of data reports that are produced and reviewed on a regular schedule to monitor use of psychotropic medications including polypharmacy (the use of multiple medications to treat the same condition) and off-label use.

- *Informed Consent*

Under state law, birth parents retain the right to consent to medical and mental health treatment for their children (unless parental rights have been terminated). Per DSCYF policy, foster parents are responsible for scheduling and attending medical appointments. Foster parents are expected to notify DSCYF caseworker of the appointment when it is scheduled and the caseworker is responsible for notifying birth parents of the appointments; this practice is inconsistent. Additionally, prescribers are not uniformly aware that consent is required from the birth parents. All of these factors contribute to an inconsistency of the consent process and application of legal requirements.

By the end of 2016, plans are to develop, pilot, and implement a process and form to support meaningful informed consent. This will include communications to and training of DFS caseworkers, birth parents, foster parents and prescribers on why this is important and what it will accomplish/fix. DSCYF has started to incorporate this information in “Ice Breaker” meetings between birth and foster parents held when a child/youth first enters out-of-home care.

- *Communications with Stakeholders*

DSCYF has identified the need to develop strategies to gather and analyze information from key stakeholder groups and to maintain ongoing communications with them. This information is crucial to guiding system improvement, particularly around psychosocial interventions and psychotropic medications. Key stakeholder groups include youth, families (which includes biological, adoptive, foster parents, and kin), prescribers of psychotropic medication, and case managers from Division of Family Services and Division of Public Health. This stakeholder input is essential to making necessary system changes to support improved mental and behavioral health services and outcomes for youth in care. The process of systematically seeking and analyzing stakeholder input and sharing results and learnings back with them is essential to DSCYF’s system of care philosophy, which ensures that practices are family driven and youth guided.

By the end of 2016 plans are to develop systems for communicating to stakeholders on issues related to the use of psychotropic medications for youth in DSCYF care and custody. This will require different messaging plans for the various stakeholder groups: birth parents, foster parents, social workers, physicians, psychiatrists, nurse practitioners and other prescribers. Likely messaging will include:

- a) For biological, adoptive, foster parents, and kin families, caseworkers, GAL/CASA:
- DSCYF’s policy statement on psychotropic medications: why it’s needed and what it means
 - Their role in the informed consent process
 - Questions to ask the prescriber, such as: What changes/improvements should we expect to see? How will this interact with other medications? How is this drug different from other drugs we have tried?

- Follow up monitoring to expect
- b) For primary care physicians/pediatricians, psychiatrists, nurse practitioners and other prescribers:
 - DSCYF's policy statement on psychotropic medications: why it's needed and what it means
 - Their role in the informed consent process
 - Best practice on metabolic follow up
 - DSCYF has no plans to require pre-authorization for psychotropic medications beyond what is in place through the Division of Medicaid and Medical Assistance (DMMA)

This benchmark's timeframe is adjusted to June 2017 to complete planned activities.

4. Office of Evidence-Based Practice to monitor and report to DFS' Strategic Leadership Team progress on developing psychotropic medication tracking and establishing oversight standards. Timeframe: Ongoing until September 2019. Measure: Meeting minutes document review of psychotropic medication tracking, standards and actions taken.

Progress Report: OEBP staff, in coordination with the TUFTs/Casey project, have been meeting with members from the two major MCOs who serve DFS youth. Drug utilization review standards in DE are largely managed currently by these MCOs. In coordination with DMMA, and with the assistance of our pharmacy consultant, strategic efforts regarding best practices for the use of psychotropic medications and the incorporation of these standards into policy are under way. Using Medicaid utilization data, as well as FACTS data, tracking has begun on a system level and a case level. On a case level OEBPs pharmacy consult uses current national best practice guidelines to provide consultation to providers and caseworkers about psychotropic medication use for youth in care. Upgrades being considered for FACTS provide an additional method of tracking and oversight that will also incorporate best practice guidelines. Targeted case consultation is also underway for youth who are prescribed psychotropic medications without combined psychosocial treatment, as well as for youth who are prescribed antipsychotics and stimulants, as this group has been shown to be particularly at-risk.

5. Use a continuous quality improvement framework to monitor mental health assessment and psychotropic medication by reviewing DFS data, Quality Assurance case review reports and DFS staff and system partner feedback. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of psychotropic medication data reports; meeting minutes documenting findings and recommendations.

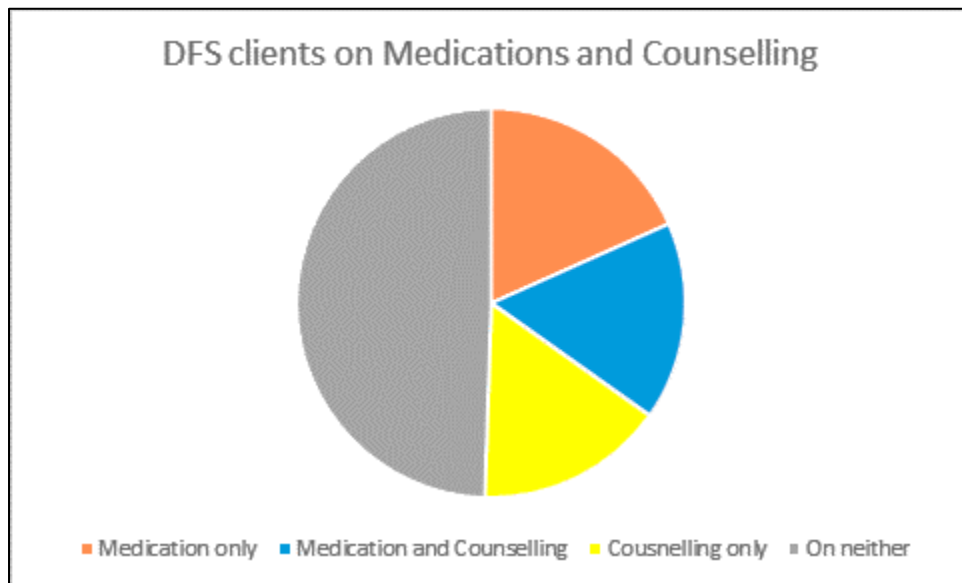
Progress Report: This benchmark is pending.

6. Until a CQI system is operational, monitor Quality Assurance case review reports for identification of needs and provision of appropriate services. Use existing DFS forums to address areas needed improvement and implement corrective action. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from

Quality Assurance case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: Preliminary OEBP data efforts have indicated that improvements are required around ensuring youth in care who are receiving psychotropic medications also receive psychosocial therapy as needed. This is particularly true of youth who are prescribed antipsychotic and stimulant medications.

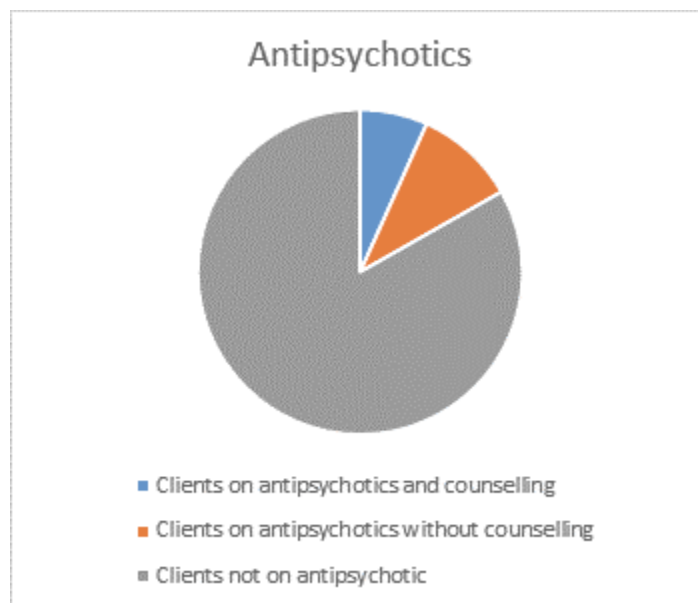
The following graphs and tables describe early utilization data for mental health medication and counselling in DFS' foster care Medicaid population, 7/1/2015-12/31/2015:



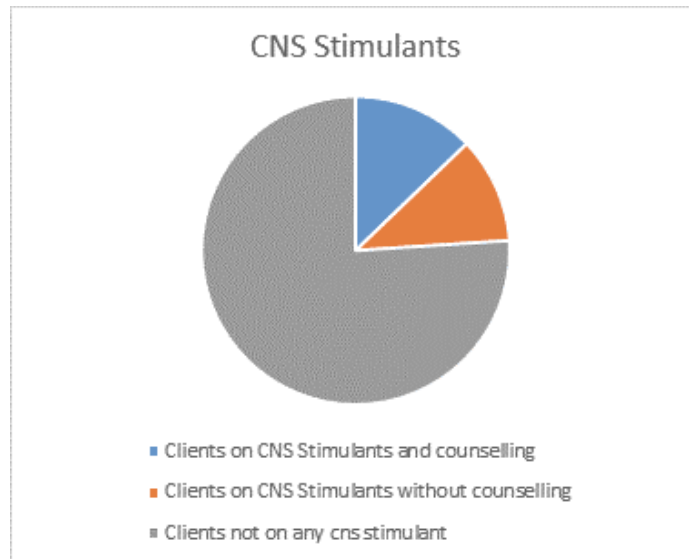
Total Clients	655	100%
Medication only	120	18.3%
Medication and Counselling	108	16.5%
Counseling only	103	15.7%
On neither	324	49.5%

Drugs were selected to closely match the classes used by other agencies. Data was limited to claims for mental health medication or counselling 7/1/2015-12/31/2015.

- Specific Populations



- Antipsychotics
 - Clients on antipsychotics - 110
 - With counselling 44
 - Without counselling 66



- CNS Stimulants
 - Clients on CNS Stimulants; 157
 - With counselling 84
 - Without counselling 73

This data also suggests that evidence-based psychosocial interventions are particularly needed to help youth with develop self-regulation skills and may also reflect the dysregulating impact of trauma on the youth in care population. Trauma informed approaches to therapy and the use of psychotropic medications would help reduce the overreliance on psychotropic medications. As part of our Tufts/Case project stakeholders will be educated about the connection between trauma, dysregulation and aggression and the proper role of psychosocial therapy and the use of psychotropic medications. In addition, the department is committed to the ongoing development of appropriate mental health resources in order to best help the children and families we serve. Developing and recruiting these resource has been given one of the major priorities of the recent department wide Partnering for Success effort.

Goal: Improve high school graduation rates for foster youth

Rationale: High school graduation rates are low; agency wants to improve academic performance of foster children and youth.

Objective: Develop and implement a data-based initiative to improve academic performance.

Rationale: High school graduation rates for foster youth are low. DFS to establish system data baselines on academic performance of foster children; collaborate with system partners to identify needs and provide supports to boost academic performance.

Outcome: Improved academic performance for foster children and youth.

Benchmarks:

1. Collaborate with schools to share system level educational information on foster children and youth. Timeframe: Ongoing to September 2019. Measure: Documented production of academic reports.

Progress Report: DFS continues to send DOE monthly reports identifying children that are in foster care. The report includes the name and contact information for the assigned caseworker. DOE then sorts the data DFS sends and forwards students names as well as caseworker names and contact information to individual schools. This monthly data exchange allows each school to identify the students in their building that are in foster care and it allows them to contact the worker directly if they have questions/concerns. Annually, DOE produces an aggregate data report that compares the general population of students with students in foster care. Beginning with the 2014-2015 school year, the format of the report and the number of measures reviewed increased. Aggregate data is now broken down into school districts and have added measures:

- Attendance
- % of special education students
- # of discipline incidents
- # of students with at least 1 discipline incident
- # of in school suspensions
- # of students with at least one in school suspension
- # of out of school suspensions
- # of students with at least 1 out of school suspension
- # of expulsions
- # of students repeating current grade
- Single year # of graduates
- Single year # of drop outs
- % of students passing Algebra 1 by 9th grade
- % of students proficient in math
- % of students proficient in ELA

(See Attachment: Delaware Child Welfare Dashboard, Education Measures)

The CPAC Education Committee will complete and implement the Education Court Report in a pilot program by fall 2016. The Committee will work with representatives from Woodbridge School District to develop a template to collect information required by the Education Court Report within EdInsight, a state-wide database used by most school districts in the State. The Committee will ensure that information that cannot be collected from EdInsight will also be included in the Education Court Report (such as education goals, school engagement, and qualitative data). The Committee will collaborate with the Office of the Child Advocate, DFS, school districts, and the courts to streamline the process and procedures needed to ensure that the Education Court Report is available to the courts as needed. The Committee will also use the Education Court Report to develop and implement an education screening tool for children who enter the child welfare system, similar to the trauma screening tool currently being used by DSCYF.

The Committee will continue to collect and analyze data regarding the educational outcomes of students in foster care via the CPAC Data Workgroup. The Committee will ensure that the new data requirements of ESSA are addressed in current data sharing efforts, and make necessary changes to state policies to comply with new Department of

Education state report card annual reporting requirements related to children in foster care. The Committee will also identify data points needed to measure student progress in the Compassionate Schools Program and work with the learning community to gather and analyze data in order to measure program benefits. The Committee will also look at school climate data used by the University of DE (UD) in the Positive Behavior Supports Project as an example. Based on data, the Committee will examine ways to annually recognize school districts and schools that have improved the social-emotional learning environment within schools.

2. Identify, recommend and implement supports for improving academic performance for foster children. Timeframe: December 2015. Measure: Documentation of review of data and resulting recommendations and actions taken.

Progress Report: The Compassionate Schools Program educates school staff on how experiencing traumatic events (also known as ACES – adverse childhood experiences) impacts a student’s ability to effectively learn. Through trainings, educators learn how trauma impacts brain development; the importance of relationships with students; and strategies to foster safe learning environments. The Program conducted its first state-wide training in 2014 and expanded into a six school district collaborative in 2015. Throughout the year, the participating districts attended intensive training with Ron Hertel, one of the founders of Compassionate Schools.

Addressing the need for meaningful information sharing among interested agencies, the CPAC Education Committee drafted an Education Court Report based on a successful Ohio program, Kids in School Rule (KISR!), which focuses on improving educational outcomes for youth in foster care. The Education Court Report will provide regular summaries of a child’s educational status to the family courts, allowing the courts to oversee and monitor the educational progress of children in state care. Appoquinimink School District initiated the New Student Orientation Program district-wide, which has been proven to reduce behavior referrals and improve educational outcomes for new transfer students, many of whom are youth in foster care. This program fosters a connection between transfer students and schools by providing staff supervision over students for an initial six week period. After six weeks, the student is either referred for additional supports or services or is dismissed from the program. The Committee is working with Appoquinimink School District staff to expand this program statewide. The Committee has revised the existing Memorandum of Understanding between DSCYF, DOE, and LEAs to improve interagency communication and service delivery for youth in DFS custody. Implementation of the revised MOU is temporarily on hold until the Committee receives guidance and redrafts the MOU in accordance with recent amendments to the federal *Elementary and Secondary Education Act*. The Committee drafted legislation relating to school discipline, appointment of an educational decision maker, and child abuse detection reporting training. The drafts are being reviewed by interested agencies and parties to obtain feedback and garner legislative support. School discipline legislation is on hold while Committee members collaborate with school districts on social emotional supports.

3. Participate in the Education Committee of the Child Protection Accountability Commission that is focused on system collaboration to address educational needs of children and youth in foster care. Timeframe: Ongoing to end of committee. Measure: Documentation of participation and actions taken in meeting minutes.

Progress Report: DFS staff continue to hold membership on the CPAC Education Committee. One focus has been on assisting local schools develop a trauma-informed approach to learning with a focus on reducing disciplinary action and improving academic outcomes in foster care youth and children who are at-risk for becoming involved with the child-welfare system. Included in these efforts is the ongoing work of The Learning Collaborative, a multi-agency project sponsored by the Casey Family Program with the goal of coordinating and disseminating the best trauma-informed educational practices across DE. In partnership with UD, The Learning Collaborative will collect baseline data from each participating school to determine the effectiveness of the Compassionate Schools program or other programs to support staff and students. UD already collects data through the School Climate Survey, the Discipline Data Reporting Tool, and the Tier 1 with Fidelity Survey. Through the collection of baseline data from The Learning Collaborative now, we can measure improvement in student outcomes over the next few years. This type of data may help the Learning Collaborative to explore opportunities for public and private grants and expand these programs statewide.

Sparked by significant district interest, the Committee will coordinate a peer learning community composed of two representatives from six identified school districts that will share and develop ideas, data, and initiatives relating to improving the social and emotional environment in schools. The collaboration will include the school districts involved in the Compassionate Schools Program - Appoquinimink, Brandywine, Caesar Rodney, Christina, Colonial, and Woodbridge. This group will also include representatives from DSCYF, UD, and interested community partners. This group will collaborate to enhance the work of the Compassionate Schools Program and integrate the program with other successful programs currently implemented in schools, such as the DE Positive Behavior Supports Project, a multi-tiered system of support for student success.

This group will lay the groundwork for a state-wide manual that will provide a guide for districts that wish to create a comprehensive, trauma-informed school-wide program to improve the educational outcomes of at-risk youth. To that end, this group will:

- Collaborate to expand upon and improve the Compassionate Schools Program in its schools and create an effective DE model for a trauma-informed school environment. Together, the group will:
 - Collect data to monitor student progress within trauma-informed programs from the school districts that have implemented the Compassionate Schools Program.
 - Pool resources to provide inter-district and/or state-wide staff trainings. Districts will share information and policies with each other so that no district is duplicating work that has already been done by another district.

- Educate school boards and Department of Education staff regarding the benefits and importance of trauma-informed school programs within schools. By meeting with district and state education leaders, the group will improve district-wide involvement and will attempt to uncover additional funding sources such as state and federal grants available to schools implementing a trauma-informed school environment.
 - Educate families regarding the benefits of trauma-informed care and the Compassionate Schools Program model. Trainings will be presented at local community centers and schools. The group will create and provide educational materials to caregivers in school mailings and on its websites.
 - Explore and pilot new initiatives to improve social and emotional supports for at-risk youth. For example, the New Student Orientation Program initiated in Appoquinimink School Districts complements the Compassionate Schools Programs and may be expanded to other schools. Districts would also like to pilot an Educational Liaison Program, based on the Ohio KISR! Program that assigns an educational liaison to foster youth to improve interagency collaboration and service coordination.
 - Collaborate with community partners and agencies to better coordinate care for at-risk youth affected by trauma. Districts will collaborate with DSCYF to develop a database of available resources for at-risk youth. In school trainings, staff will learn about the various community programs available to at-risk youth and how to connect youth with appropriate services.
4. Use a continuous quality improvement framework to monitor and guide foster children's academic performance by reviewing system level data and using appropriate forums (Department of Education Memorandum of Understanding or CPAC Education Committee) to recommend and implement improvements. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of academic data reports. Meeting minutes documenting findings and actions taken.

Progress Report: This benchmark is pending.

5. Until a CQI system is operational, monitor Quality Assurance case review reports for identification of educational needs and provision of appropriate services. Use existing DFS forums, CPAC Education Committee and Department of Education Memorandum of Understanding to address areas needed improvement and implement corrective action. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress report: See benchmarks 1, 2 and 3 for reports on use of data and subsequent activities.

Well-Being Measures:

1. Quality Assurance: Measurement is a composite score of 13 questions from the QA Case Review tools for treatment and placement on identification of needs and services

provided. Goal is 90% or higher of case reviews agree needs were identified and appropriate services provided.

Performance: DE suspended the Treatment/ Permanency QA Case Review instruments in December 2013. At this time, De is proposing adopting the Federal OSRI tool and methodology to collect this information. This proposal is being made as a part of the CFSR PIP, with implementation to occur late summer 2016.

2. Quality Assurance: Measurement is composite score of 2 questions from each QA Case Review tool for investigation, treatment and placement for identification of needs and services provided for education, physical and mental health. Goal is 95% or higher of case reviews agree educational and health needs were identified and appropriate services provided.

Performance: DE suspended the Treatment/Permanency QA Case Review instruments in December 2013. At this time, De is proposing adopting the Federal OSRI tool and methodology to collect this information. This proposal is being made as a part of the CFSR PIP, with implementation to occur late summer 2016.

3. Independent Living Services Report: Measurements for young adults receiving independent living services are percent youth graduating high school or GED program, percent youth employed and percent youth enrolled in post-secondary/vocational programs. Goals are 60% will graduate high school or obtain a GED, 70% will be employed, and 35% will be enrolled in a post-secondary/vocational program.

Performance: Efforts to meet these measurements have continued and the results are as follows:

51% have a high school diploma or GED

38% were employed

24% were enrolled in a post-secondary/vocational program

These statistics reflect a collection of such data specifically for youth that have been active in the independent living program (ILP) during CY2015. While high school completion rates continue to improve, additional supports are needed in order to accomplish the other two measures. Two youth graduated from college this year.

DE reserves the option to revise measures based on release of new national standards and development of internal reports.

D. System Supports

Goal: Provide infrastructure supporting best practice child welfare principles and values

Rationale: The agency identifies an automated case management, continuous quality improvement, workforce training and Quality Assurance Case Review systems as vital foundations to making improvements in outcomes for children, youth and their families.

Objective: Fully implement a new statewide data tracking system.

Rationale: Federal SACWIS requirements and DSCYF business needs drive the design and implementation of a new FACTS II automated system.

Outcome: A fully functional automated system that is SACWIS compliant and meets the business needs of the Department.

Benchmarks:

1. Fully implement FACTS II supporting an integrated child and family tracking system for the Department of Services for Children, Youth and Their Families. Timeframe: April 2017. Measure: Status reports of design, development and implementation of FACTS II.

Progress Report: DE suspended the on-going development of FACTS II in 2015. DSCYF began renegotiations of the project with Deloitte Industries and, in the spring of 2016 signed a new contract with Deloitte Digital. The new information system will be built on a Salesforce platform, will be called FOCUS (For Our Children's Ultimate Success), development to begin in late spring 2016. Current projected 'Go-Live' data for the new system is October 2017. Children's Bureau SACWIS representatives have been continuously kept apprised of these changes and, supported the changes. This benchmark's timeframe is adjusted to October 2017.

Objective: Design, resource and implement a continuous quality improvement system that focuses on data driven monitoring of objectives and benchmarks, as indicated, of the Plan with participation by system partners to make adjustments to practice.

Rationale: Federal guidance and agency mission to improve outcomes for children, youth and their families need structured processes to use baseline data, stakeholder input and measured accounting of performance to drive safety, permanency and well-being practice changes.

Outcome: Improved safety, permanency and well-being outcomes based on data informed shared decision making with system partners.

Benchmarks:

1. Obtain technical assistance to provide processes, analysis of data, information and organizational structure supporting objectives of this strategic plan. Timeframe: January 2016. Measure: Documentation of technical assistance.

Progress Report: This activity's timeframe is changed to September 2017 to align with the corresponding CFSR PIP's 3rd quarter timeframe. PIP approval is pending but anticipated to start January 2017.

2. Draft policy and protocols to use data-based information for all levels of staff. Timeframe: July 2016. Measure: Issuance of policy and protocol documents.

Progress Report: This activity's timeframe is changed to September 2017 to align with corresponding CFSR PIP activities.

3. Draft a communication plan supporting the distribution and use of data-based information. Timeframe: July 2016. Measure: Documentation of a CQI communication plan.

Progress Report: This activity's timeframe is adjusted to September 2017 to align with corresponding CFSR PIP activities.

4. Develop training for staff at all levels of the organization on continuous quality improvement. Timeframe: September 2016. Measure: Documentation of a CQI training plan.

Progress Report: This activity's timeframe is adjusted to December 2017 to align with corresponding CFSR PIP activities.

5. Implement stakeholder sessions to review data and recommend activities to improve progress towards goals. Timeframe: January 2017. Measure: Stakeholder sessions documented by meeting minutes.

Progress Report: This activity's timeframe is adjusted to December 2017 to align with corresponding CFSR PIP activities.

Objective: Provide training and supports for a stable and competent workforce.

Rationale: Staff competencies and skills are vital to implementing Safety-Organized Practice as DFS' practice model.

Outcome: A trained, competent, experienced and stable workforce.

Benchmarks:

1. Review and modify new worker training to include Safety-Organized Practice principles, strategies, and tools. Timeframe: October 2015. Measure: Documentation of an updated new worker training curriculum.

Progress Report: The DSCYF CPD has updated all the DFS New Employee Training (NET) to incorporate the Safety-Organized Practice principles, strategies, and tools. (See Attachments: DFS TOL NET Brief and DFS NET Course Description) This benchmark is completed.

2. Make provisions supporting caseworker coaching and facilitative supervision. Timeframe: March 2016. Measure: Documentation of coaching and facilitative supervision through Quality Assurance case reviews and staff interviews.

Progress Report: In order to support caseworker coaching, in 2015 and 2016, CRC continued onsite technical assistance for a series of coaching days. These coaching days were opportunities for staff, supervisors and administrators to participate in tool, skill and practice development. Each set of coaching days were focused on a different topic or area of practice. Between February of 2015 and June of 2016, CRC hosted 6 sessions (3 days each, one in each county). The areas of content included: treatment SDM® tools and connecting to everyday practice, FSNG development and overview, safety assessment

and planning, SDM[®] practice review, and coaching to case planning. In addition they did individual coaching with Statewide Services/Report Line staff related to appropriate screening and response using SDM[®] tools. These development days also model for staff, supervisors and administrators what the coaching experience can be. Also, CRC assisted DFS develop a coaching plan for our Division. This included the development of Coaching Program Guide to be shared and disseminated to all staff. DFS developed and conducted a coaching survey to identify areas of coaching desired by different levels of staff as well as determine their level of need and willingness to participate as both a coach and a receiver of coaching. The results of the survey helped inform both the coaching plan and our Coaching Program Overview and Guide. In April of 2016 DFS conducted a coaching institute refresher training for supervisors and management. Soon DFS will transition from CRC assistance and move to internally driven support for coaching to staff. The very last set of CRC coaching days will be designed to help us organize the transition to internally led coaching days and peer to peer or peer to supervisor individual coaching.

Objective: Review and update the Quality Assurance Case Review System

Rationale: Since the implementation of *Outcomes Matter*, DFS' Quality Assurance Case Review System needs to be reviewed and updated.

Outcome: A Quality Assurance Case Review System that includes measures for current practice model activities, processes and outcomes.

Benchmarks:

1. Review option to adopt federal on-site Child and Family Services Review Instrument.
Timeframe: March 2016. Measure: Documented decision regarding the case review tool.
Progress Report: Delaware has indicated to Children's Bureau representatives at Region III and the CFSR MASC group, of its intention to adopt the federal OSRI tool, in order to conduct case reviews and, to utilize the OMS site for recording these reviews. This recommendation along with other core changes to the case review system in DE will be formalized in the CFSR PIP and submitted to ACF for approval in early summer 2016. This benchmark is completed.
2. Take appropriate steps to implement a new Quality Assurance system or review current system for sample size, reliability and inclusion of Safety Organized Practice measures.
Timeframe: October 2015. Measure: Documented review of case review sampling methodology, inter-rater reliability and SOP updates.

Progress Report: Delaware has indicated to Children's Bureau representatives at Region III and the CFSR MASC group, of its intention to adopt the federal OSRI tool, in order to conduct case reviews and, to utilize the OMS site for recording these reviews. This recommendation along with other core changes to the case review system in DE will be formalized in the CFSR PIP and submitted to ACF for approval in early summer 2016. Included in this proposal will be DE recommendations for sampling strategies and, reviewer training requirements. This benchmark's timeframe is adjusted to October 2016.

Feedback Loops

See Section I General Information and Collaboration for discussion of this reporting period's consultations with stakeholders. Also see Benchmark Progress Reports in Section III for descriptions of child welfare partners sharing information and data, and actions taken.

IV. Update on Service Description

Stephanie Tubbs Jones Child Welfare Services Program -Title IV-B, subpart 1

See IV Services: Child and Family Services Continuum and Description in the original 2015-2019 CFSP for description of child welfare services. As for updates and progress reports on child welfare services, see Section III Update on Progress Made to Improve Outcomes; also see V Statewide Community Service Partner Updates, OCCL.

Promoting Safe and Stable Families Program (PSSF) -Title IV-B, subpart 2

The U.S. Department of Health and Human Services, Administration for Children and Families, Title IV-B subpart 2, Promoting Safe and Stable Families Program, allocates federal funding to provide Family Support and Family Preservation services. The Title IV-B subpart 2, Family Support and Family Preservation funds are combined to provide a continuum of services whose primary functions are to support communities in the development and implementation of services that help children and families stay together, when safety can be assured. The program builds on family strengths, increases family stability, provides opportunities to improve the parent's capacity to meet their children's needs and focuses on prevention and early intervention services that alleviates family crisis and stressors in an effort to prevent child maltreatment and enhance child well-being. The Promoting Safe and Stable Families Consultation and Support Program (PSSFCS) is administered through the Division of Prevention and Behavioral Health Services (DPBHS). The program services are provided through a universal/targeted/indicated approach focusing on providing supportive services intended to reduce the occurrences of child maltreatment by addressing the four associated risk factors which are: (1) parental characteristics, (2) developmental and behavioral characteristics of children, (3) absence of resources and services and (4) crisis and stress.

The intervention of the PSSF Program focuses on increasing the protective factors of children and families, thus stabilizing and preventing the need for out of home placements/deeper end services. The goals of the PSSF Consultation and Support program are:

- To reduce life stressors that may negatively impact family functioning and child well-being, while helping families access needed services
- To build family skills and strengthen family functioning
- To reduce the risk of child maltreatment

Service decision-making process of the PSSFCS services occurs through the family consultation process. The families are guided through a self-assessment, thus providing clarity of concerns and awareness of what's needed to reduce and or resolve concerns. Through the planning and intervention process the participants learn to take the lead in developing an intervention plan that

identifies family strengths, informal and formal supports/resources, create a course of action to achieve the plan and method for monitoring progress toward goal obtainment. The program participants, through the consultation process, is supported in building and enhancing their ability to assess their core concerns, establish a plan to address concerns and enhance awareness of both information and formal support/resources available to offer needed support to the family. The family consultant and the participant are able to assess the families' coping skills, determine if the participant is experiencing behavior difficulties with their child(ren) and if the participant's parenting skills are being challenged. The family consultant helps the participant take the lead in developing a support network and plans to decrease stressors and to promote healthy development and linkages to the appropriate type of services such as parenting education, parent support groups, child behavior intervention services, additional linkages to appropriate support services according to the child, parenting and family needs.

The four community based organizations contracted that provide family preservation and family support service of the PSSF consultation model in seven sites offered an array of services needed to support families experiencing stressors that could lead to child maltreatment. These services included family counseling, adult and youth mental health services, substance abuse services, youth programing, employment training/placement, housing counseling, emergency services, parenting and other related services designed to address the stressors experienced by care-givers of children birth – 18 years of age. There are 7 PSSF program contract provider sites throughout the state. The zip code areas serviced by the PSSF contract provider in FY2015 with the highest abuse and neglect referrals continue to be:

Zip Code	Location
19701	Bear
19702	Newark
19703	Claymont
19709	Middletown
19711	Newark/Christiana
19713	Newark/Christiana
19720	New Castle
19801	City of Wilmington/Southbridge
19802	Wilmington/Northeast
19804	Wilmington
19805	Elsmere/West Wilmington
19808	Wilmington
19901	Leipsic
19904	Dover
19947	Georgetown
19952	Harrington
19956	Laurel
19963	Milford
19966	Millsboro
19973	Seaford

During the service period of 2016 DPBHS Promoting Safe and Stable Families program had prepared to release a Request for Proposal (RFP) of the Title IVB subpart II PSSF family support and family preservation service components, however, it was determined that the components of in-home-services description in the RFP was in need of stronger clarification. PBH extended the PSSF family support and family preservation FY15 contracted services for a period of 12

months. The number of program sites was decreased from seven to six sites. The seventh program site had been established as a PSSF program comparative site as part of the evaluation. The program evaluation site serviced families within the 19709 area. The site was identified as a result of the increased number of CPS reports from the community in 2014. The 19709 was found to be very responsive to support services provided through PSSF, however, the community overall was less responsive to the program family preservation services. The PSSF program site serving the 19709 zip code serve 247 families in the service period of September 2014 – August 2015. Upon the conclusion of the PSSF program service evaluation, it was determined that the communities' utilization of the comparative site use of the family support and family preservation services did not support the need for the PSSF consultation and support process.

The family support and family preservation services addressed through the request for proposals (RFP) were further expanded, clarifying PSSF community based / in-home-service of the PSSF consultation case management model PBHS and clarification of the DE Fatherhood Initiative. While the PSSF consultation model and the program assessment tools are successfully meeting the needs of the participants, the program will continue to research and obtain community feedback on the method of delivery. The program 2016 RFP will seek to engage the community in the identification of family driven service interventions that will expand the types/modes of family support and family preservation services provided within the core PSSF consultation model addressing four stressors that may lead to child maltreatment as well as those at risk of child maltreatment but are not in immediate danger.

PSSF participant satisfaction survey responses during 2010–2014 reflect families who received in-home community-based support services beyond the average length of service period (12 weeks), reported higher levels of satisfaction in the completion of their family goals than participants who completed the program in 11 weeks or less. Program participants who experienced more frequent face to face contact with the PSSF family consultants also reported increased service satisfaction, awareness of community support services and an increased level of confidence in identifying and addressing their family concerns. The community based service will enhance service delivery of in-home services that can contribute to stabilizing and strengthening the family to prevent the need for out of home care whenever possible. Services may be provided through community based PSSF consultation and support process, and through basic agency services. The PBH–PSSF consultation and support program recognizes the important role community based in-home services play in supporting and promoting family preservation, improving child safety and permanence for a large portion of at risk children and families reported for possible child maltreatment services. In 2016 the program average length of service will increase to 18 to 24 weeks to include increased frequency of contact.

In June 2016 PBH-PSSF will release a Request for Proposal seeking to award contracts to community based organizations that propose to provide family support and family preservation services of the PSSF consultation model to at risk populations for child maltreatment in the identified zip code areas in Kent, New Castle and Sussex Counties reported by DFS to have high levels of child abuse and neglect referrals in 2015. The PSSF Consultation and support program community-based services will serve a minimal of 1650 individuals and 420 families. The average length of service for the consultation process will be increased from 12 to 18 weeks as opposed to the current 8 to 12 weeks length of services. The frequency of face to face contacts

with participants in the consultation process will also increase from 2 to 5 contacts. The extended service time and frequency of contact during the delivery of the consultation process is in line with research of in-home family preservation and support services addressing risk factors of child maltreatment. The proposed length of service will support participants' efforts to successfully complete more intense service goals. The 2016 RFP will reflect a reduction of PSSF provider service sites from 7 to 6. The RFP will seek to award contracts to community based organizations that propose to provide family support and family preservation services of the PSSF consultation model to at risk populations for child maltreatment in the identified zip code areas in Kent, New Castle and Sussex Counties with high levels of child abuse and neglect referrals in 2015.

Update of PSSF Program Activities 2014-2015

During the service period of FFY2014-2015, the PSSF consultation and support program served 1004 children, 696 adults and 497 families. During the period of this report there were 21% more children served and 1% less adults were served than in FFY2013-14.

The service data report is a sampling of 33% of the 497 family consultations completed during the period of this report. Of the 33% of participants actively involved in the PSSF consultation process, the following outcomes were demonstrated:

- Of the 33% sampling of program participants, 596 (individuals) or 100% of the sampling obtained needed services.
- Of the sampling of families completing the consultation and support process, 169 families or 100% demonstrated decreased life stressors and improved family functioning, assessed through the post service Family Stressor and Resource Assessment tool scoring and or FNSS tool
- PSSF was successful in engaging 100% of the families referred to the consultation and support process. PSSF family consultants successfully engaged 100% of individuals seeking connection to community resources.

Family Consultant Training:

During the service period of 2014–2015 PSSFCS program continues to monitor and provide ongoing training on the usage and scoring of the consultation tools. The current tools used in the consultation process and for the service of resource connection are: Family Needs and Social Support tool; Family Stressor and Resource Assessment tool (FSRA) and Scoring Sheet; Family Assessment and Intervention Plan (FAIP); Participant/Client Satisfaction Survey and the program Daily Service and Activity Log. With the implementation of the revised tools, it was determined that the interpretation guideline and the scoring form of the FSRA required further clarification in the explanation of two subscales. These subscales were: Index of Parental Attitudes – (IPA-My Child & Me) and the scoring sheet instruction procedures addressing the reported score of the F-Copes subscale. The family consultants continued to receive ongoing training in the implementation and critical assessments of the participant scoring and clarification of the meaning of the FSRA pre and post assessment tool.

PSSF Program Service Evaluation:

The PSSF consultation and support program design is categorized as an emerging program. The criteria is as established by FRIENDS – National Resource Center for Community–Based Child Abuse Prevention (CBCAP) Evidence Based and Evidence Informed Categories. The program fidelity monitoring conducted in 2014-2015 found five provider sites maintained the fidelity of the consultation program model. While two provider sites were not found to fully implement the consultation process according to the model, these sites experienced loss of the trained family consultant and the services were being supported by the agency contract supervisor. While the provider agency supervisors are trained in the consultation process, their implementation of the process is very mechanical and the system of care principles were unable to be fully implemented in the service delivery due in to inability to conduct the services outside the agency office.

The management of the program service data continues to be a challenge, thus creating a barrier in the programs' ability to report on the data collected by the program. The program completed the development of and the implementation of the program data collection excel workbook in which a sampling of 169 or 33% of the consultations referrals and resource connection only services provided. The Department continues its efforts to develop and implement a database that will support the management of PSSFCS. The Department has begun a data base project - FOCUS. FOCUS will house programs within the DPBHS Prevention unit that are currently not in FACTS, affording this program the ability to conduct quantitative and qualitative performance and program analysis. While the FOCUS project has begun, PSSFCS continues its use of the excel workbook to house sample cases to provide program, practice and contractual outcomes. The implementation of the excel workbook that will house the programs service data will collect data on: family demographics, Pre and Post Assessment scores, zip codes and barriers, FNSS intake/closure skill level, formal and informal support adequacy level, the family need/concern categories, and Assessment and Intervention goal obtainment. The implementation of the data collection workbook supports the programs' ability to provide administrative reports and data driven findings.

PSSF Program Monitoring:

Monitoring of the contract providers implementation of the consultation process occurs a minimum of once in a five year period of an RFP. Service monitoring was conducted in 2014–2015 utilizing a program specific monitoring tool assessing the implementation of the consultation process, the implementation of the process assessment and planning tool, the use of family support principles and resources, and assessing the community service collaborations.

During the service period of 2014-2015, the PSSF Provider sites performance reflected 100% (497) of data sampling participants completed 2 service goals. Of the 6 PSSF provider sites, 5.75 sites achieved the contract deliverable of connecting 300 individuals to appropriate resources. The outcome of the fidelity monitoring site visits assessed the program model is implemented according to the model procedures.

The PSSF program implemented a peer review process for the purposes of improving quality of service; ensuring the fidelity of the consultation model; enhancing the critical assessment skills of the program service providers in the consultation model; and supporting the achievement of the short-term and long-term outcomes of the program's direct service logic model. Peer review

in the PSSF program is the evaluation of the implementation of the consultation process by the contract service provider hired family consultant by other family consultants in order to maintain and enhance the quality and fidelity of the work, and the performance and delivery of the consultation process. The PSSF peer review process is based on the concept that a “peer” family consultant can identify areas of weakness, errors and service fidelity in practice, thus is also able to make a more impartial evaluation of the work than the person or group responsible for creating the work or performance. Once a quarter family consultants evaluate each other's closed consultation files (minimal of 3 cases per site) utilizing the review tool developed by PBH-PSSF. The reviewers evaluate the work of fellow family consultants, noting strengths, weaknesses and critical assessment skills in assessing the participants’ responses on the programs’ FSRA tool used to guide the establishment of the service plan. Also, a self-assessment of the fidelity in the implementation of the consultation process is performed. The reviewer also provides acknowledgements on practice performance and suggestions to strengthen service delivery. The review comments are documented on the “PSSF Peer Review Tool”, shared with the consultant and discussed with the reviewer. The implementation of the peer to peer case review has re-enforced the program data submission process and file order. The family consultants have begun to exchange best practices supporting the implementation of the PSSF consultation process supporting successful service implementation.

PSSF 2015 Provider Trainings:

Training in the implementation of the family consultation process is provided to support the fidelity of the consultation and support process throughout the six PSSF provider sites. The family consultants received a total of 7 trainings during the period of this report covering: family support principles; strength-based practices, system of care approach to service delivery; trauma informed service; child abuse and neglect reporting; community coalition building; and family engagement strategies. The trainings were provided by local professionals from the DE State University (DSU) Social Work department, DPBHS Prevention Forum, CADCA and PSSF Program Manager.

PSSF continues to provide quarterly booster trainings to the contract service providers on the components of the consultation process supporting the fidelity of the service delivery. The PSSF family consultants met six times in the course of the reporting period, receiving program specific instruction in the implementation of the consultation process, in the identification of needs and supports around community collaboration, engagement and retention and the implementation and interpretation of the program’s FSRA assessment tool.

The PSSF family consultants received the following community based trainings:

- “Moment by Moment: Practical Mindfulness for Work and Life”, the delivery of the PSSF consultation program, exercising mindfulness that the practice of staying focused to the present is a vital component in the delivery of the consultation process. The practice of mindfulness as it relates to people in “helping” service positions, the workshop re-enforced the importance of active listening, observe and engage without judgement. The workshop also re-enforced the importance to maintain focus and awareness when assisting others in a professional capacity. The practices support the engagement of participants in program services as opposed to service engagement as a reaction to a crisis situation.

- “Your Money, Your Goals: A Financial Empowerment Toolkit for Social Service Programs”, facilitated by UD’s Cooperative Extension. The workshop addressed opening the conversation for financial discussion, assessing client’s needs, goal setting and the basics of budgeting. The workshop sought to support and enhance the skills of social workers and those working in helping fields in maintaining a level of confidence and to be comfortable talking about and teaching basic money management to all clients, no matter the income level, using The Consumer Financial Protection Bureau tool kit. The workshop was a good refresher for different ways to communicate with participants about money as well as budgeting tools as financial stressor is a concern program participants are seeking supports to address with PSSF program. PSSF works with the participants and community supports established to the need of emergency services in an effort to reduce the level of this family stressor.

- Parenting Toolkit Workshop: The workshop was an interactive skill-building, information awareness and resource building session facilitated by Dr. David & Mrs. Bernadette Mills from Through the Word Bible Fellowship Success in Parenting Ministry. The workshop provided participants an overview of the public school district within the host county of the workshop, highlighted effective styles of parenting, parents and child academic engagement in the classroom and at home; addressed types children academic behaviors and what responses to these behaviors are most effective in supporting academic success; and child/youth identification of their learning style and how to communicate this information with the educator to highlight the areas noted to be of great concern by parents seeking assistance with educational support for their child in the PSSF program. The workshop provided skill-building opportunities in better communication and involvement in the child’s classroom education and a variety of other parenting topics. The parenting workshop provided a parenting education opportunity that effectively addressed the selected priorities by addressing statistics regarding how children that have active, involved fathers and mothers perform better academically and socially, and promoted fatherhood and effective co-parenting by increasing community awareness of the importance of and commitment to seek father involvement in the lives of their children. As a result of the PSSF family consultant’s participation in the “Parenting Toolkit” workshop, PSSF, in collaboration with DFFC, were able to work with Dr. Mills in developing and implementing a parent–caregiver workshop that provided a prepared toolkit with all the identified resources in a pre-developed educational toolkit. The workshops were scheduled to occur in Kent and New Castle in the fall of 2015 in the FY2016 federal grant appropriation.

Promoting Safe and Stable Family Program Fatherhood Initiative county specific FY2015 accomplishments:

The DE Fatherhood Initiative is implemented through an advocacy process addressing the importance of a father/male role models positive involvement in the lives of children, youth, their families and the communities they live in. In 2010 the PSSF fatherhood initiative established the DE Fatherhood & Family Coalition infrastructure component (County Leadership Committees) representing the each county (Kent, New Castle and Sussex). The CLCs was created to develop county specific platforms to address social barriers and challenges that prevent “fathers” from being involved in raising their child(ren). The CLC’s are a very vital and

important link of the DFFC infrastructure representation of a statewide coalition and report these accomplishments for this reporting period:

- PSSF DE Fatherhood Initiative has successfully maintained three branches of County Leadership Coalitions (CLC), representing Kent, New Castle and Sussex County led by elected officials.
- The CLC's were successful in the engagement of active participation of the CLC's monthly county coalition meetings (36 meetings a year), successfully holding seven father and child relationship enhancement/building events, twelve father and family relationship building events, five parent education trainings, three adult relationship sessions and two coalition building/orientation sessions throughout the state of DE.
- The CLC event objective is to increase community awareness of the importance of father involvement in the lives of their children, family and community while also providing opportunities of family education and positive engagement opportunities for the fathers, mothers and their children.
- Community events hosted in 2015: 1 Statewide Navigation through Family Court and Child Support Services, 3 Mother's Day Tea @ Two – recognizing women supporting the re-engagement of Fathers to their children and family, 3 Father's Day breakfast in collaboration with IHOP International, 3 Father and Family Community Wellness Days, 2 new membership DFFC orientation sessions, 1 Coalition Building workshop, 3 Healthy Adult Relationship events- effective co-parenting workshops, 1 Child Support Enforcement fatherhood service presentation, and 2 ambassadorship trainings were provided to new members and service providers interested in infusing fatherhood into existing services. The CLCs successfully engaged 1069 in the activities.
- The DFFC expanded its web-based communication with the use of various internet technologies, i.e. Twitter, Facebook, LinkedIn and Instagram, and added activity registration using virtual response and Survey Monkey. The website serves as a resource for linkages to fatherhood resources and services. The website also has an application that allow men to obtain specific information regarding the employment profession of interest. The website had a total of 5,367 loyal visitors December 2014 thru August 2015.
- In FY15-16 the New Castle CLC will hold its election process for the election of leadership positions in New County Leadership Committee. The County leadership positions are: president, vice president, recording secretary and project coordinator. New Castle has continued to experience a 12 month turn-over with their CLC leadership positions. The PSSF DE Fatherhood Initiative County Leadership Coalition membership (Kent, New Castle, and Sussex Counties) averages 103 active and engaged members. There are a total of 173 organizational memberships among the CLC's in 2015. The total DFFC membership is 365 members.
- PSSF, in collaboration with DFFC CLCs, hosted the second DE Fatherhood and Family Coalition Fatherhood Award Ceremony recognizing fathers, parents, individuals, and organizations making an impact in the lives of children, families and the community in the field of fatherhood. The DFFC award ceremony hosted 179 attendees and 12 individuals received awards at the 2015 awards ceremony.
- The DFFC has maintained its collaborate service relationship with DAB Mediation Services, providing assistance to fathers and or mother who need support navigating through the Child Support Enforcement and Family Court system.

During the FY2016–2017 period of service, the Family Support, Family Preservation and the Fatherhood Initiative will release a Request for Proposal to implement the Promoting Safe and Stable Families consultation support program, utilizing the in-home service case management model. The Program seeks to award six provider service sites: three in New Castle County, two in Sussex County and one in Kent County. The Title IVB-subpart II PSSF Fatherhood Initiative will also be a part of the FY 2016-2019 Request for Proposal that is initiated to implement the final three strategies of the National Community Coalition Institute Strategic Prevention Framework for coalition building, thus solidifying the Delaware Fatherhood and Family Coalition infrastructure establishing a community based, self-sustaining coalition. The program will continue to expand services addressing the engagement of fathers, paramours, and male family members in the service provided traditionally to mothers and other family caregivers.

Collaborative Efforts:

- PSSF collaborated with Child Welfare League of America Region 3 Symposium entitled “A National Call to Action: Serving Children by Engaging Fathers” as a panelist on July 21, 2015 in Philadelphia, PA. DE PSSF presented “Engaging Fathers in Child Welfare in the Family Support and Family Preservation Services of PSSF”.
- DE PSSF participated in the CWLA Fatherhood Subcommittee in the Region III planning call to discuss and give input to CWLA work plan to develop and launch a Father’s Bill of Rights. PSSF represented DE as a participant on a Child Welfare League of America, Region III subcommittee in drafting a “Father’s Bill of Rights.” The subcommittee hosted 3 planning calls to discuss and give input to CWLA’s work plan to develop and launch a Father’s Bill of Rights. The 2015 “Engaging Fathers in Child Welfare Services” was one outcome of this subcommittee. CWLA plans to distribute a draft of the proposed Father’s Bill of Rights in 2016. Through this collaboration, CWLA was able to learn more information on how other states Title IVB-II funders implemented the fatherhood initiative focused on the topic of father engagement and how CWLA might support the efforts. PSSF program also presented the DE Title IVB-2 Fatherhood Initiative, the DE Fatherhood and Family Coalition, a non-service driven community coalition to the ACF Child Welfare Directors from Region III.
- DE’s PSSF program was selected and presented the Consultation Program and the DE Fatherhood Initiative at the annual Policy Institute for Governors’ ACF Human Services Advisors meeting, July 2015.
- DFFC was invited to collaborate in the United Way of DE Revive the Village (UWDRV) “Saving Our Sons” initiative. The United Way of DE works to advance the common good by focusing on the three (3) building blocks to a good life: *Education, Income* and *Health*. The United Way of DE is engaged in a long-term strategy to eliminate the root causes of DE’s most pressing social problems in *New Castle, Kent*, and *Sussex* counties. The United Way of DE works collectively with business, government, social service agencies, academic groups, community organizations and concerned individuals to establish positive, long-lasting solutions for today and into the future. Thus, the DFFC partnership supports voices of the fatherhood initiative of Kent, New Castle and Sussex County. DFFC collaboration provides the statewide assessment of each counties needs and efforts in the engagement of fathers in the lives of children, families and the community when safety is not an issue. DFFC also advocates on behalf of all services working to engage parents to effectively co-parent, thereby actively engaging into services seeking the needs of the children and youth. DFFC supports the efforts of the Revive the Village initiatives “Saving Our Sons”, by being a

committee member of the “SOS 2015–Fatherhood Awards” luncheon. DFFC lead the charge of youth services participation and youth sponsorship of the luncheon. The Revive the Village: *Saving Our Son’s Fatherhood Awards Luncheon* took place on June 20, 2015 at the Hilton: Wilmington-Christiana, Newark, DE. The Revive the Village: *Saving Our Son’s Fatherhood Awards Luncheon* honored individuals and organizations that support the mission of United Way of DE’s *African American Affinity Group*, Revive the Village. It examined disparities that affect the African American Community in the areas of *Education, Income, and Health*, connecting with community stakeholders, public and for-profit sector executives, and other organizations and sharing accomplishments and plans for the future. The Revive the Village: *Saving Our Son’s Fatherhood Legacy Award* was given to James H. Gilliam, Sr. for his *selfless service, positive attitude and determined work ethic* have impacted countless people throughout the State of DE. The awards were given in the following categories:

- Father of the Year
 - Organization of the Year
 - Young Patriarch of the Year
 - Saving Our Sons: Legacy Award Winner: James H. Gilliam Sr.
- PSSF collaborated with Western Sussex Boys and Girls Club where, through a partnership, PSSF sponsored an “Introduction to Yoga and Relaxation” class in an effort to bring an educational experience to populations in southern DE that would not normally be able to take advantage of this type of activity. The space is available for free to the PSSF program participants. Under the instruction of experienced yoga instructor Tim Rennick, the activity included a series of stretches and breathing exercises to increase awareness of the body and how to relax the mind. The targeted population included PSSF participants and their children, DFFC members and families, including children from the Western Sussex Boys and Girls Club. In total, 25 people attended the class, 10 children and 15 adults. Each participant received a yoga mat and each child received a yoga mat and school supplies. At the end of the class, family yoga DVD’s and gas cards were raffled and then a healthy dinner of stir fry and rice was provided to the families.
 - PSSF sponsored a two part nutrition education class in Seaford, DE through a collaboration with The Food Bank of DE, who supplied a Nutritionist Community Educator (Asia Thurston) for free along with a bag of cooking utensils for participants who attended both of the sessions. The program presented is called “Smart Choices”. Smart Choices is a skills and knowledge-building program utilizing the 2010 Dietary Guidelines and USDA MyPlate recommendations. This program focuses on teaching families about healthy eating and how they can learn to prepare easy, nutritious meals on a budget. The first evening focused on nutrition, the importance of reading labels and the number of servings adults and children should have daily from each food category. The participants played a check your knowledge game using a remote control that compared their knowledge against other attendees.
 - The second night, the nutritionist did a brief review of the nutrition portion of the class from the previous night. She then discussed different strategies for shopping for the best deals at the grocery store by comparing prices using unit pricing and size of product. The class culminated with cooking demonstrations using a crock pot. Names were drawn and 3

participants combined the ingredients of the three different recipes. The participants were able to keep the ingredients and take home the food for cooking later. Each person that participated both nights received a crock pot, cookbook, and grocery card. The first night 15 people participated (3 men, 12 women). The second night 14 people participated (3 men, 11 women). The community educator, Asia, was extremely knowledgeable, enthusiastic and very good at getting others to participate. At the end of each session a meal was provided. The group had a great time and everyone is looking forward to coming to the extreme couponing get together next month.

- In Sussex County, PSSF, along with LaRed Health Center, presented a budgeting workshop for Seaford House in Seaford, DE. Residents and students of Seaford House suffer from behavioral problems that prevent them from attending traditional schools. Some students are transitioning out of foster care and are residents of Seaford House while others live at home and attend as a day treatment program. LaRed works with Seaford House locating community organizations and members willing to present life skill sessions. The students requested budgeting. The family consultant started the presentation by asking the children to draw a picture of something they wanted, something they wanted to do or something they would like to achieve. The group discussed how, by budgeting, the children would be able to save the money needed to work towards achieving their goals. They were then walked through the exercise of creating a budget, and the children were presented with three different budget scenarios and had to determine which one would best fit their goal aspiration. Emphasis was placed on saving money. The family consultant is seeking to increase participants in the PSSF program through targeting children aging out of foster care, and seeks to engage organizations that work in foster care.
- PSSF collaborated with Department of Health and Social Services (DHSS) Child Support Enforcement pilot fatherhood initiative in establishing a “CSE fatherhood program.” PSSF served as a project consultant to DHSS Child Support Enforcement Program Administrator of the fatherhood services. Child Support Enforcement’s fatherhood project was designed to engage non-custodial parents, connect them to support services, employment services and counseling, that support the non-custodial parents’ efforts to reconnect with their child(ren) and to address their child support judgements. The work of this collaboration supported successful collaboration with the Department of Labor, DHSS Social Services and community based prison re-entry programs in the implementation of the project. The program will be provided statewide and designed to service 35 non-custodial parents from the DCSE system that have defaulted on their judgement in the past 90 days. The initiative is seeking to support the re-engagement of this population as at some point they were willingly engaged and are most likely willing to accept supportive services to address their judgement. DCSE will identify and contract with a statewide service provider with funds for one fatherhood coordinator to pilot the project for one year. PSSF will continue to collaborate with DCSE on the pilot project through its completion. One statewide PSSF contractor will provide family support and family preservation services to participants.
- PSSF is consistent in its practice and belief that *Strong Communities Promote Strong Families*. Under the PSSF program Fatherhood Initiative, the DE Fatherhood and Family Coalition (DFFC) was established to create a state-wide group of stakeholders referred to as the County Leadership Committee (CLC) to embark on broader goals and continues to operate through the collaborative partnership of PSSF. The collaborative partnership between PSSF and DFFC’s CLC’s aims to inform and engage the community of the

importance of the re-engagement of fathers back into the lives of their children, their family and the community. The objective of the DFFC is to promote father involvement as a positive influence, to stimulate a broad-based positive social movement to combat father absence and promote father involvement, to provide fatherhood and healthy adult relationship education opportunities and technical assistance to increase the capacity of the community to support father involvement and to promote fatherhood and co-parenting services. There is a CLC in Kent, New Castle and Sussex Counties, operating in conjunction with the community based PSSF program. PSSF continued to provide technical assistance to the CLC's, further solidifying their operational functions as the county leadership coalition branches of DE Fatherhood and Family Coalition. The CLC's were successful in:

- Remaining operational in Kent, New Castle and Sussex Counties, carrying out the strategic priorities of the DFFC with fathers, families and community organizations.
- Successfully engaging 17 new active members in the Kent and New Castle County leadership committees. The Sussex CLC was successful in the retention of 37 active members, Kent CLC retained 12 active members and New Castle CLC maintained 9 active members consistently during the period of the report.
- Sussex successfully maintains 5 faith-based organization memberships, New Castle successfully engaged 4 new faith-based organizations while maintaining 7 previous organizations and Kent CLC re-engaged five faith based organizations in FY15. The pastors met three times, collaborating with the CLC general membership in addressing priorities: 1) provide fatherhood supports to other churches, 2) promote the DFFC using their venues of communication, and 3) advertise the type of fatherhood services on the DFFC's website. The DFFC faith-based initiative hosted one community event during the period of this review. They hosted a "dinner and a movie" event to engage faith-based leaders in an open dialogue about family support needs of the community supported through the faith-based services. The movie selected was entitled "War Room," which displayed five families with varying degrees of operational structures. The movie was of common day experiences and responses to the experiences, thus reflecting the impact upon the family displaying validity to the strategic priorities of DFFC. The group discussion was facilitated by a licensed mental health professional. There were a total of 34 faith-based organizations represented at the event and a total of 68 individuals in attendance.
- Disseminating approximately 2655 pieces of fatherhood and co-parenting literature, father tips, DFFC fact sheets and child development in their participation as service exhibitors during the following activities: Child Abuse Awareness Month, Domestic Violence Prevention Month; School Readiness Conference, South Bridge Day, African American Festival, Sussex Hispanic Festival and the DFFC 2015 Fatherhood Awards Ceremony, Saving Our Sons Awards Luncheon, Dad's Take Your Child to School Day, Aides DE "Do the Right Thing" recognition ceremony, 2015 Father and Family Wellness Day and Parents As Teachers annual teen parenting conference.
- Maintaining the Kent, New Castle and Sussex DFFC County Leadership webpages. Each CLC page displays the schedule of the CLC monthly meetings, trainings, CLC sponsored events and related county specific family support events. The function of the DFFC website in support of the CLCs has expanded to host a portal supporting web-based registration to all DFFC CLC community events, trainings, activities and related.

- Maintaining statewide DFFC Facebook, Twitter, LinkedIn and Instagram pages, averaging 690 tags during the period of this review.
- Hosting activities in Kent and Sussex Counties promoting the importance of father involvement in the lives of their children, supporting effective co-parenting skills and offering technical assistance and educational opportunities to communities serving fathers, mothers and children. The DFFC CLCs engaged 1460 adults and 1195 children through the activities sponsored throughout the state promoting the importance of engaged fathers and the importance of and the skills to effectively co-parent.
- Some of the activities provided through the Kent County Leadership Committee:
 - “Parenting Tool Kit” school readiness for parent’s engagement in the education of their child
 - Community Meet & Greet membership drive presentation of the Kent CLC
 - Tea @ Two recognizing mothers in support of the fatherhood movement
 - Father’s Day “Bring Your Dad to Breakfast” IHOP event, promoting father involvement as a positive influence by encouraging families to honor fathers through a celebration breakfast
 - Annual Father and Family Day Wellness Day, providing healthy activities for families to engage in as well as disseminate information on the importance of father involvement and cooperative and successful co-parenting
 - Kent CLC parent and child leisure activity promoting health family play time, hosted at the Smyrna family X-box
 - National “Dad’s Take Your Child to School” Day, in partnership with Communities in Schools, is an event that promotes father involvement by encouraging fathers and significant male caregivers of all kinds to take their children to school
- Sussex County Leadership Committee community activities:
 - Community Meet & Greet presentation of the Sussex CLC
 - Tea @ Two recognizing mothers in support of the fatherhood movement
 - Father’s Day “Bring Your Dad to Breakfast” IHOP event, promoting father involvement as a positive influence by encouraging families to honor fathers through a celebration breakfast
 - Annual Father and Family Day Wellness Day, providing healthy activities for families to engage in as well as disseminate information on the importance of father involvement and cooperative and successful co-parenting
 - National “Dad’s Take Your Child to School” Day, in partnership with Communities in Schools, is an event that promotes father involvement by encouraging fathers and significant male caregivers of all kinds to take their children to school
 - “Parenting Tool Kit” school readiness for parent’s engagement in the education of their child
- New Castle County Leadership Committee community activities:
 - National “Dad’s Take Your Child to School” Day, in partnership with Communities in Schools, is an event that promotes father involvement by

encouraging fathers and significant male caregivers of all kinds to take their children to school

- “Parenting Tool Kit” school readiness for parent’s engagement in the education of their child
- Community Meet & Greet membership drive presentation of the NCC CLC
- Tea @ Two recognizing mothers in support of the fatherhood movement
- Father’s Day “Bring Your Dad to Breakfast” IHOP event, promoting father involvement as a positive influence by encouraging families to honor fathers through a celebration breakfast
- Community Meet & Greet membership drive presentation of the Kent CLC
- Tea @ Two recognizing mothers in support of the fatherhood movement
- Annual Father and Family Day Wellness Day, providing healthy activities for families to engage in as well as disseminate information on the importance of father involvement and cooperative and successful co-parenting
- Family Celebration day for participants who successfully completed or were currently enrolled in the PSSF program and had children under the age of 12 to promote family and father engagement and family preservation and celebrating their families and their individual accomplishments made over the year
- Blue Rocks “Daddy/Daughter Day, promoted Family and Father Engagement and family preservation while celebrating the families who have successfully completed the Promoting Safe and Stable Families Program in New Castle County with older children, celebrating the volunteers of our New Castle County DFFC Events and celebrating active members of the New Castle County DFFC

In collaboration with the DFFC CLCs, PSSF has supported partnerships with 32 faith-based organizations throughout the state. Through the collaborations there were 2 DFFC Ambassador Trainings, 3 community dialogue sessions addressing re-engaging with your children and family; 2 parenting workshops for parenting pre-teens and 2 men’s health and wellness workshops. Kent and Sussex CLCs maintained their partnerships with the Boys and Girls Clubs of America and Re-Entry Coalitions. PSSFC’s has maintained its collaborative partnership with Delmarva Electrical Power Outreach Department in New Castle and Kent Counties.

PSSF - DFFC continue to maintain its collaboration with DAB Mediation Services, a private consultation resource, to support parents working through custody agreement concerns and child support enforcement. As a result of the partnership between PSSF and DAB, services provided to fathers have been successful in re-engaging fathers in the lives of their children upon the resolution of child custody and child support pending concerns.

Populations at Greatest Risk of Maltreatment

Delaware has determined the populations at greatest risk of maltreatment to be at-risk families and children targeted by PSSF programs serving areas with high incidents of child abuse and neglect reports, referrals from child care providers for behavioral health and parent strengthening services, referrals from school personnel and parents for school based early intervention services, substance exposed infants and referrals from mandated reporters and the general public of suspected abuse and neglect. Legislation (HB 319) was introduced in April 2016 to codify

hospital reporting of drug-exposed infants and Fetal Alcohol Syndrome Disorder (FASD) children to DFS and the development of a Plan of Safe Care prior to discharge of the infant. Activities Delaware has taken to target these populations are described in Section III Update on Progress Made to Improve Outcomes, Section IV Promoting Safe and Stable Families Program, Section V Statewide Community Service Partner Updates and Section XII CAPTA Update.

Services for Children Under the Age of Five

Delaware Thrives

Delaware Thrives is the statewide, multi-agency initiative to identify young children at risk for health or developmental challenges and ensure that these children and their parents and families have easy access to information and services. Several programs of this initiative specifically focus on the population of children under age 5:

2-1-1 Help Me Grow

The United Way of DE, with funding from the Division of Public Health (DPH) implemented the Help Me Grow Initiative in 2012. Help Me Grow (HMG) was first started as a pilot in Hartford, CT, in 1998 as a community effort to identify at-risk children and effectively and efficiently link them to services. Its effectiveness has led to 13 states now adopting this approach.

The core service of HMG is the statewide free 2-1-1 call center, which is staffed by case managers who are specially trained to assist parents of young children identify and connect with appropriate resources and services. HMG 2-1-1 also serves as the central point of entry to the State's expanding continuum of Evidence-Based home visiting programs, which include the Healthy Families America, Parents As Teachers, and Nurse Family Partnership Programs. The case managers provide triage to help families determine the program that most appropriately meets their needs and then facilitates their connection to that program.

Another component of HMG is to promote developmental screenings statewide. As part of this initiative, DE has developed capacity through the HMG website for pediatricians and primary care physicians to utilize the PEDS Screening online. Additionally, HMG has provided training for all home visiting programs and DFS to utilize the Ages & Stages Questionnaire (ASQ) as the developmental screening tool for non-medical providers. Widespread dissemination of the ASQ is also occurring throughout DE STARS Program, the Quality Rating System for early child care. The goal is to have standard assessment measures that can be shared as children move through the system, to both inform the planning for their needs and to track progress over time.

Statewide Neonatal Abstinence Syndrome Workgroup

In response to growing concerns about the increasing numbers of infants being born with drug exposure, especially to opiates, the maternity hospitals in DE formed the Statewide Neonatal Abstinence Syndrome Workgroup. This workgroup includes physicians and nurses from Christiana Health Care Systems, Bay Health Hospital, Beebe Medical Center, St. Francis Hospital, and representatives from DFS. The workgroup has focused on researching treatment protocols for Neonatal Abstinence Syndrome and advocated for consistent implementation of these protocols statewide. DFS has participated in the workgroup to reinforce collaboration with the hospitals as they assess appropriate and safe discharge plans for these infants.

Birth to 3/Child Development Watch

It has been the DFS' policy for many years to screen all children, not just foster children, from birth to age three for disabilities or developmental delays. Child Development Watch is the statewide early intervention program for children ages birth to 3 that is managed by the DHSS' Division of Public Health. The program's mission is to enhance the development of infants and toddlers with disabilities or developmental delays and to enhance the capacity of their families to meet the needs of their young children.

Participants are referred to CDW through the central intake office. Referrals are completed by DFS workers, children's pediatricians, parents and caregivers. Delaware has created a special partnership in which dedicated CDW employees serve as liaisons to DFS to ensure that children involved in the child welfare system are identified and receive the appropriate level of case management. A multi-disciplinary team of CDW staff and DFS staff meet in bi-weekly triage meetings for review of cases with DFS involvement. This approach ensures that information is appropriately collected and shared so that comprehensive case planning is supported while children are in their homes or if they are placed in foster care.

CDW has a family-centered focus and an integrated services approach. The needs and services of infants and toddlers and their families require a collaborative, multidisciplinary approach. Services and supports should occur in settings most natural and comfortable for the child and family. The development of a natural system of supports within a family's community is promoted at all times. Families of infants and toddlers with disabilities or developmental delays in all areas of the state receive comprehensive, multidisciplinary assessments of their young children, newborn through 36 months, and have access to all necessary early intervention services. The system maximizes the use of third party payment, and avoids duplication of effort. Services are provided at the highest standards of quality, with providers being required to meet appropriate licensing and credentialing guidelines.

CDW is a voluntary program and at times, parents, foster parents and relative guardians do not wish to pursue services, including initial evaluations. Overcoming these barriers includes parent education, which can include referrals to Parents as Teachers, the Parent Information Center. The program also has transportation services, as well as translator services for families who do not speak English. Data is collected and analyzed by Division of Public Health staff.

The CDW Program partners with DSCYF, other DPH services, and the providers of CDW services, including Christiana Care Health Systems, Easter Seals, Bayada Home Nursing, and Res Care. These specific agencies have contracts for services through the DPH. DHSS monitors the program's outcomes and reporting for the IDEA/Part C for federal compliance. (See Attachment: Child Development Watch Statistics)

Delaware's B.E.S.T. for Young Children and Their Families

Delaware's B.E.S.T.* for Young Children and Their Families (*Bringing Evidence-Based System-of-Care and Treatment) is administered by the Delaware Division of Prevention and Behavioral Health Services. Just a few years ago, mental health services for young children (birth to 5 years old) were minimal and families in Delaware needing help for

their children with severe challenging behaviors had nowhere to turn. Additionally, incidents of expulsions from public preschool setting were at an all-time high with Delaware ranked 4th in the nation for preschool expulsion. In 2008, DPBHS received a multi-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to address mental health services for Delaware's youngest population, children birth to 5 years. Over the last several years, a system-wide transformation has been underway to serve Delaware's youngest population through services and supports that promote social and emotional wellness.

The program's efforts center on creating a well-developed and sustainable statewide family-driven system of care for young children, birth to 5 years, with serious emotional disturbances and their families providing clinically appropriate services and supports that address the individual needs of children and their family and use evidence-based interventions and practice. Enhancements to the clinical community and early learning programs that increase core competencies to serve young children with Serious Emotional Disabilities are critical. The goals of this initiative are two-fold:

- Create capacity in Delaware's statewide public children's mental health system to serve young children aged birth to 5 years with serious emotional disturbances and their families in the community using SAMHSA recognized evidence-based practices: Parent-Child Interaction Therapy (PCIT), Trauma Focused-Cognitive Behavior Therapy adapted for the young child population (TF-CBT), and Attachment and Bio-Behavioral Catch-up (ABC)
- Create a system of care for children in early childhood with a broad array of accessible, clinically effective, individualized and fiscally accountable services.

With the framework of system of care, the key elements of these goals are to increase access to mental health treatment for very young children and their families; use evidence-based practices; create a continuum of community-based services and support; and ensure services are provided within and across a seamless system. Services and supports are planned and managed within a team framework which includes the child and his/her family and whatever natural and multi-system supports are available to meet the unique clinical, functional and cultural needs of each child and family. Through the Delaware's B.E.S.T. for Young Children and Their Families initiative, therapists are receiving training in proven treatments; early childhood providers are learning new skills to address challenging behaviors; families are participating in effective treatments with their children; and most importantly, children and their caregivers are experiencing healthier family interactions.

PCIT is an evidence-based mental health treatment for young children (ages 2-7) with behavioral difficulties and their families. It is a short-term, assessment-driven intervention where parents and children are required to develop and master a set of skills. PCIT focuses on improving the quality of the parent-child relationship and changing parent-child interaction patterns through a live coaching format. The treatment is designed to reduce defiant and aggressive behavior in young children and to ultimately prevent future negative outcomes associated with antisocial behaviors.

TF-CBT is an evidenced-based mental health treatment intervention effective for children who have experience traumatic events such as sexual and/or physical abuse, neglect, are a witness to violence, an incident of loss and tragic incidents. Working with a therapist over 12 – 16 weeks of

office based sessions, children and families learn how to recognize trauma related problems, develop skills to manage troubling behaviors and ways to cope with difficult memories.

ABC is an evidence-based intervention with proven effectiveness for very young children, birth to 3 years and their families. ABC is a short-term, targeted, attachment-based intervention program designed to promote sensitive caregiving behavior. The intervention addresses developmental concerns of very young children who have experienced early adversity and includes parent training which has been proven to positively impact outcomes among these children. The parent-training includes ten sessions conducted on a once a week basis. Specially trained Parent Trainers work with the family during each session, all of which occur in the family's home. During the training sessions, the caregiver learns strategies to enhance the child's development. ABC is available statewide for the infant and toddler population and their families. Foster families are a subset of those families eligible for services.

Delaware's B.E.S.T. continually pursues effort to expanding the birth-to-five system of care. This initiative provides on-going training to advance the evidence-based practices (PCIT and ABC) and system of care development along with training and technical assistance in adaptation to PCIT that strengthen staff competencies of professionals working in early care and education programs. It is critical that the early learning community can effectively, in an inclusive environment, serve children with behavioral challenges, support the healthy social and emotional development of all children and ensure children are well positioned and ready to learn when they enter kindergarten.

Delaware's B.E.S.T. is a collaborative effort across the comprehensive early childhood system, including work with the Division of Family Services, Office of Early Learning, Department of Health and Social Services, families, licensed early care and education providers and prevention, early intervention and mental health providers.

Help Me Grow, Statewide Neonatal Abstinence Syndrome Workgroup, Foster Care Screening and Consultation, Birth to 3/Child Development Watch and Delaware's B.E.S.T. for Young Children and Their Families will continue to serve children under the age of 5 for the 2015-2019 Plan period.

Foster Care Screening and Consultation

Located in the Division of Family Services' Office of Evidence-Based Practice, the screening and consultation unit (SCU) provides effective screening for children who enter foster care, and these screenings are scheduled to take place within 4 weeks of entering care. Children under the age of 5 receive specialized screenings using the Ages and Stages Questionnaire, Child and Adolescent Needs and Strengths (CANS), and Trauma Symptom Checklist for Young Children (TSCYC) tools. Findings are shared with caseworkers, supervisors and DPBHS treatment coordinators to follow up on recommended services. In addition, case consultation is provided by staff psychologists to assist with treatment planning and the consultant pharmacist provides oversight and monitoring of psychotropic medications. Cases of children under 5 who are prescribed psychotropic medications are given extra attention and preauthorization is required for any child under 6 who is prescribed antipsychotic medications. In addition, staff coordinate

with caseworkers and providers to ensure that these children are also engaged in psychosocial interventions as appropriate.

Permanency for Young Children

Children under the age of 5 are reviewed by the supervisor, Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL), Deputy Attorney General (DAG) and local Permanency Planning Committees in each region for fast tracking to permanency, if early indications are the child cannot return home, birth parents had prior involuntary termination of parental rights, birth parents have felony convictions and maybe incarcerated, or birth parents whereabouts are unknown. The Permanency Planning Committee meetings include DFS managers and supervisors and community providers. Young children are prioritized for reviews and are reviewed frequently by DFS and the court until permanency is achieved. For children age 5 and younger, the caseworkers continue to look at past history with DFS and consult with legal counsel for further discussion or unless directed by the court to refer the case to the PPC. Supervisory case conferences focus on the permanency planning efforts and activities for the younger children. All of the children in foster care needing permanency are referred to the MY LIFE Program, child specific recruitment and family search services as needed and as appropriate. From April 1, 2014 through March 31, 2015, there were 422 children reviewed by the PPC statewide. From April 1, 2015 through March 31, 2016, there were 513 children reviewed by the PPC statewide. This increase is due to the fact that there have been more children placed in foster care in the past 12 to 18 months due to parental substance abuse issues, mental health issues with the birth parents, incarceration of the birth parents and homelessness.

There continues to be an emphasis on children age 5 and younger even though all children placed in foster care are looked at for expedited permanency planning, if applicable. During the FFY2015, there were 251 children who exited foster care. One hundred twenty or 48 % of those children were 5 years or younger. This was a slight increase in exits for this population from the previous year. From January 1, 2016 through May 9, 2016, there were 52 children referred to the PPC who were in foster care less than 9 months. Twenty four of those children were under the age of 5 years. The goal recommended by the PPC for those 24 children is as follows: 17-TPR/Adoption, 1 Permanent Guardianship, 3 Reunification, 1 case deferred, 2 Request no case planning with birth parents.

Forty four of those children were under the age of 5 years. Twenty seven of the 44 children had an early permanency review before the 9th month. The recommendations by the Permanency Planning Committee for those 27 children were as follows: 17 reunifications, 9 adoptions, and 1 permanent guardianship. The Division of Family Services continues to provide concurrent planning for children in foster care and in particular for those children who are five years or younger. Of the 82 children exiting to adoption during CY2015, 60 were age 5 and younger or 73% of the children adopted. This was a slight increase from the 52 children or 68% who were removed from foster care to adoption in the CY2014.

Services for Children Adopted From Other Countries

DSCYF/DFS does not gather data for the number of children adopted from other countries. The 2015 Annual Report on Intercountry Adoptions from the U.S. Department of State shows there were 9 children adopted abroad by families residing in DE. Reported in the FY2014 report, there

were 15 adoptions finalized abroad, 2 adoptions to be finalized in the U.S, for a total of 17 adoptions for DE. (<http://travel.state.gov/content/adoptionsabroad/en/about-us/statistics.html>) DFS has a contract with ABCFOC to provide post-adoption services for children in foster care. The agency has a 24-hour hotline for families in crisis. The activities include information and referral, crisis assistance, statewide trainings on adoption-related topics, support groups for parents, therapy and support groups for children, Love and Logic parenting, Rec N Respite, and parent/child bonding workshops. In addition, ABCFOC provides parent training workshops with various speakers at a minimum of 6 times throughout the year and statewide.

Referrals come from DFS foster care, private agency adoptions, other state adoptions, international adoptions and the families themselves seeking post adoption training and support services. There continues to be an increase in the number of new referrals for post-adoption services. During the SFY2015, there 27 children who attended the post-adoption support groups at some point during the year. Those children were adopted from DE foster care, adopted from other states and residing in DE, and international adoptions. During this period, 3 of the children were adopted internationally and participated in post-adoption services. They were from Guatemala, Vietnam and Russia. (ABCFOC post-adoption services reports).

V. Statewide Child Welfare Partner Updates

Internal Partners

Division of Youth Rehabilitative Services (Juvenile Justice)

The Division of Youth Rehabilitative Services (DYRS) serves youth who have been placed on supervision by Family Court, the Magistrate Court or another state's court through the Interstate Compact for Juveniles (ICJ). Youth are assessed for their level of risk to reoffend, their criminogenic needs and their strengths. Based on the assessment information, youth are assigned to a supervision option that can effectively manage their risk and address needs. Supervision options include low level case management support with a group component, community based supervision with a contracted provider for low to moderate risk youth, supervision with a DYRS probation and appropriate services, or commitment to a Level 4 or Level 5 program to meet the youth's needs. DYRS also serves youth in pre-trial status, both in residential settings as well as in the community with court-ordered supports. Title 31 Chapter 51 assigns the Division of Youth Rehabilitative Services with the rights and responsibilities associated with the day-to-day care of juveniles committed to DYRS by the Court, including the right to the care, custody, and control of the juvenile. The mission of DYRS is to support public safety and positive change of children, families, and communities through guidance, education and empowerment.

During CY2015, DYRS and/or their contracted providers worked with 2,136 youth and their families.

Facility Services

DYRS provides services in a variety of ways with regard to facilities. For pre-trial services, DYRS has two secure detention facilities, one in New Castle County and the other on the border of Kent and Sussex counties. DYRS contracts with two community providers for non-secure detention, in three locations throughout the state with the capacity to serve up to 30 youth at any time.

DYRS has one Level 5 locked facility for males and three Level 4 staff secured cottages – one for females and two for males – on the Youth and Family Center campus, located at Centre and Faulkland Roads in Wilmington, DE. All facilities that are state-run by DYRS have a Cognitive Behavior Training model and provide programming specific to the youth assigned to the facilities.

DYRS contracts with a number of providers out-of-state for specific Level 4/Level 5 programs targeted to meet needs beyond what we can address through our in-state residential options, such as residential treatment for youth with inappropriate sexual behaviors.

Community Services

Probation

Youth placed on probation supervision are assessed by probation officers assigned to the Assessment and Monitoring Unit using the Positive Achievement Change Tool (PACT). Once their risk to re-offend has been determined, the unit supervisor assigns youth to one of three low risk providers for supervision in the community or to a probation supervisor for assignment to a probation officer in the community. Each youth's top three criminogenic needs are addressed through services to match those needs which are provided by community-based organizations or through contracted provider programs. In addition to the criminogenic needs, their court-ordered conditions are addressed and documented in a case plan by either the probation officer or contracted case manager.

Special/Intensive Services

Youth with inappropriate sexual behaviors are statutorily required to be assessed prior to sentencing by specially trained evaluators to determine their risk to re-offend sexually and needs. Recommendations are made to the court for sentencing options, both in the community and residentially for treatment. DYRS has a statewide probation unit that is specifically trained to work with youth who have inappropriate sexual behavior adjudications.

DYRS provides pre-trial services managed by Community Services staff as well as contracted providers. DYRS supervises the Family Court Liaison Unit on behalf of the Department. This unit provides technical assistance and liaison services to all four divisions and the Family Court. DYRS has a Serious Juvenile Offender Unit which provides a variety of services to support their colleagues within the Division. Their services include curfew checks, apprehension services and transports. DYRS has two units who manage youth who were adjudicated of offenses that included use or possession of a firearm.

Family Engagement

DYRS involves the family in planning for their youth while on supervision in the community and in residential placement. Families are expected, and encouraged, to take the lead in planning for their youth. This includes transition and aftercare planning for youth returning to the community following residential services. DYRS utilizes evidence based reentry service options to support both the youth and family during this critical reentry period. DYRS continually strives to improve our efforts to engage families and increase staff skills related to family engagement and partnership.

Mental Health

Youth with mental and behavioral health needs are referred to out-patient services for treatment. Mental health evaluation needs can be identified through the PACT assessment. When indicated, a referral will be made as appropriate. We rely on our partners in the Division of Prevention and Behavioral Health to collaborate on cases requiring assessment or management by one of their teams.

Education

DYRS works with the youth's education team while in residential placement and for youth supervised in the community. DSCYF has a full complement of educational staff available to the state-run facilities, including transition specialists to support the youth's transition to their home school district. These supports are available to youth in both in-state and out-of-state residential programs.

Achievements

DYRS continues to utilize a risk-responsive approach to supervision based on assessment information. We rely on contracted providers to supervise youth with low to moderate risk of re-offending and continue to make programmatic changes to ensure we are providing supervision to this population that is aligned with research findings and recommendations. Using the PACT, youth are connected to services and supports aimed at addressing the youth's top criminogenic needs.

DYRS is in the final year of our collaboration with Georgetown University, Vanderbilt University and the Urban Institute through the Juvenile Justice Reform and Reinvestment Initiative (JJRRI) grant. Through this grant project, which began in 2013), we have implemented use of the Standardized Program Evaluation Protocol (SPEP) to evaluate services provided through our continuum. Initial evaluation information resulted in modifications to the programs serving our low to moderate risk youth to avoid over-serving them in a manner that would be counter-productive to our goals to reduce their likelihood of reoffending. The provider overseeing umbrella services aimed at addressing criminogenic needs has been through several rounds of SPEP scoring and has continually worked to improve services based on evaluation data. This work will continue. We have now added additional programs to the SPEP process, including our Multi-Systemic Therapy program. We are on track to begin using the SPEP to evaluate programming for youth served in our in-state residential programs. Future plans include using the SPEP for out-of-state residential programs. Information gained will be used to guide improvements and we seek to be a continually self-improving organization.

Community Services has been working with partner agencies through a Dispositional Guidelines workgroup to develop a dispositional matrix. This matrix is being used to guide sentencing recommendations. The presumptive outcomes are based on the youth's current risk to re-offend score and the most serious instant offense. At this time, the matrix is in draft form and is only being used officially by DYRS. As we move forward with the work of the Dispositional Guidelines workgroup, we will work to make this the standard for use by our juvenile justice partners as well.

DYRS implemented the *Think Trauma* training curriculum. All DYRS staff are required to be complete this training as we seek to implement trauma-informed practices into our work with youth and families.

DYRS' most significant accomplishment of FY2016 was the implementation of a new Quality Improvement Unit. Staff in this unit will seek to develop a more effective data management and analysis mechanism so DYRS can improve its ability to make data-driven decisions and improvements. In addition, the unit will work to assist DYRS program areas in streamlining processes and developing consistent protocol to guide decisions and promote quality. This unit includes the JJRRI program staff who are responsible for the SPEP and program improvement monitoring.

Challenges and Barriers

- Gaining full support of juvenile justice partner agencies in the use of the Dispositional Guidelines Matrix mentioned in the last section

Priorities for the Coming Year

- Fully defining the work of the new Quality Improvement Unit
- Implementation of *Motivational Interviewing* training curriculum to enhance staff skills related to youth and family engagement and their ability to enhance intrinsic motivation to promote change and successful outcomes
- Expansion and modification of the PACT assessment to include components designed to assess youth in residential programs. The current tool is designed to assess youth based on their behavior in a community setting
- Expanding use of the SPEP to programming provided by our in-state residential facilities

Links to reports

http://kids.DE.gov/pdfs/yrs_csg_jjbook.pdf

Trauma Informed Care (Division of Prevention and Behavioral Health Services)

The DE Children's Department continues its commitment to a trauma informed system of care. The Department Trauma Informed Care Committee (TICC) includes staff from across the agency including staff from DFS. The Office of Evidence-Based Practice (Drs. Sally Barker and Heather Alford) and a supervisor from the treatment program area are members of the TICC. They have been actively involved in strategic planning which has focused on four key domains: workforce (recruitment, training, and retention), cross-system collaboration, service delivery and policy and administrative support. Training (staff and community partners) continues to be an area of focus with trauma training provided both in-house (e.g. to DFS staff and foster parents) and in the community (e.g. child trauma for law enforcement, child protection advocates). The TICC is working with the Department training unit to develop a training series (general overview, training for front-line workers and training for supervisors) which is expected to launch in 2016.

During 2015, three additional areas of focus have been on recognizing and responding to the impact of working with traumatized children and families on staff, developing a trauma-competent provider network, and cross-system collaboration.

The TICC raised awareness about staff resilience and secondary and vicarious trauma by establishing October as Staff Self-Care Month. Self-care month activities included TICC visits to 12 Department offices (DFS staff are located in most of these) to provide information (self-care, secondary traumatic stress), offer self-care giveaways (e.g. water bottles with a self-care message inside) and provide weekly self-care workshops at various locations. The committee sponsored a contest for sites to create their own self-care event. DFS staff in the Dover office created a workshop which guided staff in developing self-care plans (consistent with Sanctuary practice) which are carried by staff on a lanyard. The workshop was very well received and staff who had not been able to attend but heard about it from co-workers requested additional sessions be scheduled so they could participate. Based on feedback from staff, the TICC has decided to make October is Staff-Self Care month an annual event and will be organizing the next event in the fall of 2016.

In addition, with the recognition of the need to respond to staff secondary and vicarious trauma, the Department Director of Trauma Informed Care, along with the Director of Human Resources had two meeting with the state's Employee Assistance Program (EAP). The focus of these meetings was to discuss secondary and vicarious trauma, resources available to the staff through the EAP and strategies to ensure that Department staff are being connected to trauma-competent clinicians. Next steps for 2016 include developing resources for supervisors and staff on how to promote staff resilience and respond to staff who are negatively impacted by exposure to client trauma (including a guide for staff with questions to ask to find a trauma competent therapist).

In the area of service delivery, the Department has begun incorporating trauma informed care language in its requests for proposal and the Director of Trauma Informed Care participated on the panel reviewing bids for the DFS independent and transitional living programs. Plans for the next year include standardizing trauma informed care language in all proposals for services and service contracts. A survey of current providers is planned to identify strengths within the provider community regarding trauma informed care practices as well as to identify provider needs. Anticipating that there is a significant need for expanding trauma-specific intervention for youth served in the Department, a SAMHSA National Child Traumatic Stress Network grant program application was submitted which, if funded, would bring an evidence-based treatment (Trauma Affect Regulation-Guide for Education and Therapy) which will be provided to youth in the DFS group and shelter care settings.

With regard to cross-systems collaboration, the Director of Trauma Informed Care and DFS TICC members have been actively involved in two key collaborative projects. The first has a focus on improving the educational outcomes for youth in foster care (this was initiated in the prior year and continued in 2015). The project, which is funded by Casey Family Programs, has engaged six of the state's school districts to implement the Compassionate Schools curriculum (trauma informed school approach). Accomplishments in 2015 included the districts receiving training from the model developer, conferences hosted by two districts which focused on social and emotional wellness of students (Department staff presented on trauma at these events) and discussion of how to blend trauma informed care with the state's positive behavioral support system. Goals for 2016 include collecting and analyzing data on the impact of a trauma informed schools approach and expanding the compassionate school curriculum to additional schools within the six districts.

Second, the Department has a Casey Family Programs technical assistance grant focused on the use of psychotropic medication for children in foster care and in the state's juvenile justice residential programs. Accomplishments for 2015 included survey and focus groups with stakeholders, collection and analysis of prescribing data and ground work for a Department policy on psychotropic medication. Goals for 2016 include institutionalizing data collection and analysis, implementing a medication policy and enhancing care coordination between community providers and the Department.

In 2015, Department staff including the Director of Trauma Informed Care continued to be active with a state-level grassroots effort called Trauma Matters DE (previously the Trauma Informed Care Interest Group). During 2015, the group held two community events which attracted over 100 participants at each event. The events focused on state-level strategic planning; during the first event participants met in affinity groups (e.g. children and family systems was a group) to answer a series of questions including, "what would trauma informed care look like in your system" and "what are the needs to advance a trauma informed approach in your system". The second event introduced a theory of change model and organized stakeholders in groups by trauma informed care core areas (e.g. training and education, systems change, organizational change) with concrete strategies identified. A key area of focus in Trauma Matters DE is cross-system collaboration including systems that come in contact with DFS youth (e.g. health care, education, faith community, etc.). Goals for 2016 include working cross-system to leverage resources, increased collaboration between child and adult systems and increasing awareness across the state regarding prevalence and impact of trauma exposure for Delawareans.

K-5 Early Intervention Program (EIP)

The K-5 Early Intervention Program (EIP) is an innovative collaboration between the DSCYF and the Department of Education (DOE). EIP provides services to students displaying behavioral problems which impede their learning processes, or the learning process of others. The Early Intervention Program was created in 1995 through collaboration between Department Secretaries, the Legislative Joint Finance Committee, and then Governor Carper. The program started with 9 Family Crisis Therapists (FCT) and currently employs 54 Family Crisis Therapists. EIP targets children who exhibit behavioral, academic, social, or mental health problems that, unless appropriately addressed at an early stage, can manifest through early failures in school into other more serious social and/or emotional developmental issues and potentially lead to early onset conduct disorder. These children often experience early incidents of delinquency and can potentially begin a lifetime cycle of failure. If these problems are not addressed early, children and their families are likely to require more intensive and expensive interventions later in the life cycle and continue to the deeper-end services of DSCYF.

Fifty-four FCTs from DSCYF are assigned to designated elementary schools in fourteen school districts and four charter schools throughout the state. The EIP is a voluntary program. While principals, teachers, guidance counselors, nurses, and other school staff identify students and families for referral, it is the parents/caretakers who ultimately have the choice of whether or not to participate. A typical caseload of an FCT is 17 to 20 children/families.

EIP's holistic approach employs FCTs that are uniquely different from traditional guidance or school counselors. FCTs work with students' entire families, including parents/guardians and siblings. FCTs are not limited by contract stipulations and can address any presenting issue whether behavioral, academic, or emotional. In many instances, FCTs work with families to address survival and/or crisis issues, thus enabling them to focus on the emotional, academic, and social needs of the child(ren). The goals of the EIP are to improve student behavior, strengthen parenting skills, and reduce the number of families and children needing more intensive services from the Department. The FCT begins by providing traditional assessment and behavioral health support to the child at school, then develops a relationship with the entire family. The FCT helps the family identify issues and refer themselves to appropriate community treatments. The FCT often helps with the logistics of first phone calls, attending the first appointments, being on time for appointments, and solving transportation issues.

EIP keeps statistics on number of staff, location, children and families served, cases, contacts and services:

Time period	January 2010 to December 2010	January 2011 to December 2011	January 2012 to December 2012	January 2013 to December 2013	January 2014 to December 2014	January 2015 to December 2015
	FY10	FY11	FY12	FY13	FY14	FY15
# FCTs	average # of FCTS= 47	average # of FCTS= 49	average # of FCTS= 50	average # of FCTS=51	average # of FCTS=51	average # of FCTS=51
# of vacancies	10	5	5	4	5	6
#Schools	51	51	53	53	53	54
#Districts	13	13	14	14	14	14
#Public	48	48	50	48	48	49
# Charter	3	3	3	5	5	4
# New Cases	514	664	549	557	535	566
# Ave Cases/Month	13	15	16	15	15	16
# Ave Students/Month	32	37	40	39	35	38
# Ave Adults/Month	23	27	29	27	26	28
	<u>Total for 12 months</u>	<u>Total for 12 months</u>	<u>Total for 12 months</u>	<u>Total for 12 months</u>	<u>Total for 12 months</u>	<u>Total for 12 months</u>
# Ave Non Caseload Students/Month Total	10716	12256	10344	12281	11106	12211
# Ave Non Caseload Adults/Month Total	4512	5129	4571	4283	4151	4513

Time period	January 2010 to December 2010	January 2011 to December 2011	January 2012 to December 2012	January 2013 to December 2013	January 2014 to December 2014	January 2015 to December 2015
# Ave Home Visits/ Month Total	9024	10767	9023	9349	9106	6338
# Ave Office Visits/ Month Total	7332	8131	7280	7679	7429	4940
# Ave Individual Counseling Sessions/ Month Total	71064	73084	78136	79248	77164	40290
# Ave Groups, Large And Small/Month Total	10152	11548	11288	11578	11219	11918
# Ave Family Counseling Sessions/Month Total	7896	9420	8832	9077	8886	9798

During this reporting period, K-5 Early Intervention FCTs have partnered with numerous community-based services, including: Catholic Charities, Salvation Army, Ministry of Caring, School Districts, Department of Health and Social Services, Adopt-A-Family, local community centers, homeless shelters, Operation Warm, medical centers, and mental health providers for children and adults. These services include mental health agencies, housing agencies, food and clothes closets, domestic violence agencies, homeless shelters, drug and alcohol counseling agencies, job assistance programs, and child care providers. By accessing necessary resources before a crisis arises, the FCTs support the family and help ensure through home visits that they are getting the help that they need to remain intact and functional. EIP continues a partnership with the Nemours Foundation to be certified providers of “Triple P” Positive Parenting Practices Parenting Program. FCTs have 2 of the top 3 nationally ranked empirically validated programs available for DE families. The combined efforts of these governmental and non-profit organizations help promote safety, permanency and well-being.

The K-5 Early Intervention Program has identified 5 priorities that have the most effect on caseload families’ ability to succeed.

- Contact with the child at the school. Each caseload child is seen individually 3 to 4 times each month.
- Parent engagement. Parents from each family are seen at home once each month and at school once each month.
- Communication with the school. FCTs maintain constant contact with teachers and school leaders.
- Assessment and case planning. The FCT, parent, teacher and child all provide feedback to inform case plans and measure progress. Families are assessed by at least 6 instruments within 30 days and are assessed twice annually and again at case closure. These assessments are used to identify and modify case plan goals. These activities drive the changes that lead to success.
- Collaboration with the community.

The Office of Child Care Licensing, DFS, DSCYF

The Office of Child Care Licensing (OCCL) promulgates regulations and monitors the regulation compliance of licensed providers who provide services in the following facilities: family child care homes, large family child care homes, early care and education and school-age centers, residential child care facilities and day treatment programs for children, and child placing agencies (adoption and foster care). Its mission is to ensure the safeguards and enhance the quality for children in out-of-home care. Additionally, the Criminal History Unit, part of OCCL, conducts, receives, evaluates, and/or disseminates information from a criminal history record check and child protection registry check for applicable persons as provided in DE code.

OCCL completes 100% of its mandated yearly site visits. Relationships and partnerships have been created and strengthened with other agencies, such as the Office of Early Learning, DE Stars, DE Health and Social Services, and Nemours Health and Prevention Services. Joint visits with representatives from the Child and Adult Care Food Program (CACFP) and Purchase of Care (POC) programs continue as needed to determine regulation compliance. In addition to the training sessions offered for anyone seeking to obtain a childcare license from OCCL, a “Staying in Compliance Training” has been offered to provide technical assistance at statewide educational conferences, to community partners, and as part of a corrective action plan for providers who were struggling to achieve regulation compliance. OCCL has created and offered multiple trainings on the new child care center regulations which became effective January 1, 2016 for centers currently licensed and on July 1, 2015 for newly licensed center facilities. Additionally, OCCL created and offers to current and aspiring center administrators, an Administrator Training to further enhance the skills of center leaders in complying with child care regulations. These trainings help providers meet their annual professional development training hour requirements. The OCCL Procedures Manual has been updated to reflect current practices to promote conformity in regulation monitoring procedures throughout the state.

During the 2015 summer season, DSCYF issued an Emergency Regulation for 120 days that required camps to have their employees and volunteers complete a signed consent to have their criminal record checked by the DE Justice Information System (DELJIS) and to have a Child Protection Registry check completed by the DSCYF’s Criminal Background Unit (CHU). A DELJIS contractor conducted all of the criminal background checks while CHU completed 1,950 Child Protection Registry checks for 283 camps for children ages 5–18. To date, there are 211 day camps scheduled for checks in 2016.

In June 2015, comprehensive legislation codified the recommendations for background checks and prohibitions for those who work or volunteer at child-serving entities in DE. The new Joseph R. “Beau” Biden III Child Protection Act became effective on April 7, 2016. It requires persons seeking employment who have regular direct unsupervised access to children or provide services to a child or children at a child-serving entity to have a background check completed prior to employment or during a conditional period of employment. In addition, foster, respite, adoptive parents and their household members 18 years or older must have a background check prior to approval or during a period of provisional approval with the department or contracted providers.

The law created an increase in background checks and other workload requirements for the Criminal History Unit including:

- Revised and adopted: DELACARE Regulations for Background Checks and DELACARE Regulations for Child Protection Registry Checks.
- Revised: Department's Decision Making Protocol for Background Checks, fingerprint consent forms, and background check outcome letters.
- Implemented background checks and DE child protection registry checks for all department contractors and youth camp employees and child protection registry check for private schools, as requested.
- Notified child-serving entities of new requirements under the law.

OCCL challenges include:

- Continued staff turnover in child care licensing; OCCL was not fully staffed for most of 2015; OCCL became fully staffed in April, 2016. An extensive employee training period follows.
- New legislation significantly increased workload requirements for Criminal History unit, requiring additional staff.
- An increase in complaints made to this office regarding possible regulation violation by licensed providers, requiring additional visits to facilities to investigate the complaint.
- Because of a loss of DE Stars funding including state tiered reimbursement to Stars providers placed on enforcement action by OCCL, the number of requests for hearings to challenge the intent to place on an enforcement action has increased significantly. Hearings require much preparation and participation time on behalf of staff and raise costs when an outside attorney serves as the hearing officer.
- OCCL continues the regulation revision process required by Executive Order 36 to simplify regulations and make them more business friendly without sacrificing the quality of care guaranteed to children while in out of home child care settings. This revision process requires the combined efforts of the entire supervisory team to create then review and rewrite the regulations based on the extensive input from providers and community partners. The revision process proceeds slowly so that all input can be considered.
- The November, 2014 federal reauthorization of the Child Care and Development Block Grant (CCDBG) requirements has significant impact on the regulations and workload of OCCL. Additional staffing will be required to meet the increased requirements of the grant.

OCCL works closely with DE Stars (DE's quality rating improvement system for early care and education providers) and other community partners for the benefit of the early childhood community. OCCL administration, supervisors, and staff have served on multiple early childhood committees including DE Stars Management Team, DE Stars Infrastructure Committee, DE Stars Verification and Assessment Committee, OCCL/Stars Communication Committee, DE Early Childhood Council Strategic Plan Goal 2 and Goal 3 Committees, DE's Early Learning Professional Development System Committee, Provider Advisory Board, Integrity Committee, Compensation, Retention, and Education (CORE) Awards Committee, Infrastructure Awards Committee, Early Childhood Professional Development Committee, DE Technical and Community College (DTCC) Early Childhood Advisory Board, New Castle

County Vo-Tech Advisory Board, Wilmington Early Care and Education Council (WECEC), Families and Centers Empowered Together (FACET), and Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood Awards Advisory Board.

As for priorities for the coming year, OCCL must complete the revision of child care regulations for Family Child Care Homes and Large Family Child Care Homes. The regulations for Child Placing Agencies and Residential Child Care Facilities and Day Treatment Programs must be finalized. Monitoring procedures will continue to be reviewed to ensure regulation enforcement conformity throughout the state.

DE Interstate Compact Unit

The DE Interstate Compact Unit, is a path way toward stability and permanence for children who are placed across state lines. Providing protection of children who are placed into or out of DE for the purpose of foster care, relative care, adoption, or probation and aftercare supervision. The unit provides technical assistance to families, staff, agencies, attorneys and courts related to interstate compacts regulating child placements and transfer of supervisions, and pertinent state and federal laws.

The compacts included are:

The Interstate Compact on the Placement of Children (ICPC): Del C. 31 §381, ICPC is the mechanism to ensure protection and services to children who are placed across state lines.

The Interstate Compact for Juveniles (ICJ): Del C. 31 §5203 *Serving Juveniles While Protecting Communities*, ICJ is the legal means to transfer a juvenile's supervision from one state to another and to return runaways.

The Interstate Compact on Adoption and Medical Assistance (ICAMA): Del C. 31 § 5402, ICAMA helps states ensure that adoption assistance eligible children receive benefits, services and the transfer of Medicaid across state lines.

The unit is comprised of a supervisor, two case managers, program analyst and operations support specialist. The Interstate Compact Unit manages approximately 800 cases each year concerning children who are dependent and/or delinquent and are being placed in, or re-locating to, another state. In 2015, the unit managed 774 cases, ICPC processed 557 cases of which, 157 were Residential Treatment Center's (RTC). ICPC processed 146 incoming cases, of the 146, 77 were approved and 69 were denied. DE sent 257 ICPC cases to other states, of the 257 cases, 153 were approved and 104 were denied. ICJ processed 147 cases and ICAMA processed 70 cases in 2015.

The ongoing challenge to ICPC is in the receiving of home studies and interstate decisions within the expected timeframes. While home studies are mandated to be completed within sixty (60) days, many states are unable to fulfill that regulation. The unit has implemented internal procedures to ensure DE makes every effort to fulfill this regulation, by implementing a formal follow up system with contracted agencies, dividing up the disruption of cases by alphabet and increased utilization of secure technology to exchange documents across state lines. The Interstate Compact Unit's priority is to achieve permanency and a forever home for children placed across state lines in an efficient timely manner.

DE Fatherhood and Family Coalition (DFFC)

DFFC is an initiative derived from the Promoting Safe and Stable Families Family Support services managed by DPBHS and funded under Title IV-B, subpart 2 operating under the family support component. The operation of the coalition is a shared collaborative effort involving the state, contracted service providers and the community addressing responsible fatherhood and healthy adult relationships statewide, servicing populations at greatest risk of maltreatment.

The DFFC serves as a protective factor for the well-being of children because research suggests positive and frequent father–child contact is associated with better socio-emotional and academic function. Focusing on this protective factor, DFFC formed as an advocacy group to become a united change agent in DE committed to building a sustainable coalition which champions fathers’ involvement in the lives of their children and healthy adult relationships, specifically effective co-parenting. Officially, the coalition began structuring its operation in 2010 after several years promoting knowledge of and acceptance of the importance of fatherhood and healthy adult relationships.

DFFC Goals and Overview

DFFC continues to set a foundation for community involvement, thus activating the public/private/social organizations participation in the DFFC’s strategic priorities which are:

1. Promote Father Involvement as a Positive Influence
 - a. By increasing community awareness of the importance of and commitment to father involvement in the lives of their children
2. Build a Self-Sustaining, Self-Determining Coalition
 - a. By stimulating a broad-based, positive social movement to combat father absence and promote father involvement
3. Provide Education and Technical Assistant Opportunities
 - a. By providing fatherhood and healthy adult relationship educational opportunities and technical assistance to increase the capacity of the community to support father involvement
4. Promote Fatherhood and Co-Parenting Services
 - a. By promoting fatherhood and healthy adult relationship service and activities by DFFC members.

See Section IV. Update on Service Description, Promoting Safe and Stable Families Program for progress reports, activities, accomplishments and collaborative efforts.

(External Partners)

Community Based Child Abuse Prevention Grant (CBCAP)

Prevent Child Abuse DE (PCAD) has been the lead agency for the federal CBCAP grant since 2004. The CBCAP grant represents federal set aside dollars that are provided annually. The amount of funding is population based. The base grant for DE is \$200,000 with an opportunity to leverage additional dollars utilizing state and/or other sources of funding. The funds that are provided to the states are to be utilized to support community-based efforts to develop, operate, expand, enhance and where appropriate, to network initiatives aimed at the prevention of child abuse and neglect and to support networks of coordinated resources and activities to better strengthen and support families.

Each year the Chief Executive Officer of each state is asked to designate a lead agency that is responsible for the use of the federal grant funds. The lead agency has two major areas of responsibility, providing support, training and technical assistance to the community-based programs that receive grant funding and to provide leadership to a network of coordinated resources to better strengthen and support families. In DE the Family Support Coordinating Council (FSCC) lead by PCAD serves in this capacity. The Family Support Coordinating Council is a multi-disciplinary, collaborative, public-private council that includes family members and professionals who are committed to assuring that a coordinated family education and support system is available in DE. The FSCC works with the Help Me Grow Advisory Committee, the Home Visiting Community Advisory Board, the Early Childhood Council and the Office of Early Learning to coordinate efforts on behalf of children and families in DE.

During the past year CBCAP grant funding has been used to support the Parents as Teachers home visiting program, a hospital-based abusive head trauma prevention program and the *Strengthening Families through Parent Provider Partnerships in Child Care* initiative. The funds provided have been used to provide the following services:

- Home Visiting – Grant funds have been used to support the Parents as Teachers program in Kent and Sussex Counties. Funds received by Parents as Teachers have allowed the program to increase the frequency with which visits are made to families who have come to the attention of the child welfare system but who have not met the criteria for an investigation and to provide services to women who are residing in homeless and domestic violence shelters.
- Parent Education – The Child Death Review Commission provides training on abusive head trauma prevention to the staff at DE's maternity hospitals. Once trained the staff, primarily maternity nurses, then provide information to new parents utilizing a video and materials entitled *All Babies Cry*. The video that is viewed at the hospital contains information about infant crying and ways to soothe a crying baby. Written materials are provided that encourage parents to utilize additional web based materials once they go home. New parents are also encouraged to sign a Commitment Statement indicating that they understand the dangers of shaking a baby, the importance of choosing appropriate alternative care providers and to provide contact information so that a follow up phone call from CDRC staff is possible.
- Strengthening Families through Parent Provider Partnerships in Child Care – To date 12 child care centers have been engaged in this program designed to provide staff with the knowledge, tools and supports that they need to help build protective factors in families. Training and technical assistance is provided by PCAD to each center so that the following goals can be achieved:
 - Reach large numbers of children and families with a primary prevention initiative.
 - Help the staff at the child care sites to establish personal and trusting relationships with families.
 - Train child care center staff to provide family members with encouragement and education.
 - Empower the child care center staff to act as an early warning system and to intervene with families before abuse and neglect occurs.

Each program had outcome measures, accomplishments, barriers and challenges for CY2015.

- Home Visiting – Outcomes have included healthy babies being born to participating mothers, children being developmentally on target, mothers being healthy and following a positive life course and improvements in parenting skills/competence as measured by the Life Skills Progression tool. Short stays at homeless shelters and domestic violence facilities continue to impact the amount of parenting information that can be shared with this population.
- Parent Education – To date the number of shaken baby deaths and near deaths in DE has continued to increase despite program efforts. It is believed that a number of these deaths and near deaths are related to the sharp increase in substance abuse that has occurred in DE. Collaborative efforts are underway to deal with this issue, particularly as it relates to substance exposed infants who are at particular risk for abuse and neglect. During this past year a pilot program was conducted at Beebe Hospital that provided parents with more extensive materials at the time of the baby's birth. It was found that these parents did utilize these materials as well as the on-line materials more frequently than members of the control group. Efforts continue to assure that all new parents utilize the materials, especially in the Latino community. During the coming year home visitors will be trained to follow up with families on the use of the *All Babies Cry* materials.
- Strengthening Families through Parent Provider Partnerships in Child Care – Parent surveys have continued to indicate strong and positive outcomes to questions about their relationships with classroom teachers and their willingness to ask questions when they are worried about their child(ren). Staff surveys have demonstrated a general belief that it is important to share information with parents on a daily basis and that building strong relationships between staff and parents is a priority at their child care center. To date anecdotal data has been tied to building the six protective factors listed below:
 - Parental resilience
 - Social connections
 - Knowledge of parenting and child development
 - Concrete support in times of need
 - Social and emotional competence of children
 - Healthy parent-child relationships

During this year, it is the goal of PCAD, as the lead agency for DE's CBCAP grant, to increase the likelihood that at-risk children are safe and protected from harm by supporting, training and providing technical assistance to community-based programs that are designed to strengthen families by building protective factors. Research indicates that when these factors are present and strong in a family, the likelihood of child abuse and neglect diminishes. All grantees work with the project evaluator to determine program outcomes. In the past each program has determined what these outcomes were and how they were going to be measured. While this data has demonstrated positive results it has been hard to determine the impact within our state of the CBCAP dollars invested. Going forward all funded programs will be assisted by the project evaluator to measure how successful their program has been at building the protective factors that have been identified by the Administration for Children and Families and the Center for the Study of Social Policy (the protective factors are listed above).

Office of the Child Advocate and Child Protection Accountability Commission

The Office of the Child Advocate (OCA) is a non-judicial state agency charged with safeguarding the welfare of DE's children. OCA fulfills this charge by providing legal

representation for dependent, neglected, and abused children in civil Family Court proceedings; engaging in legislative advocacy; collaborating with child welfare system partners to evaluate the effectiveness of the child protection system and to make recommendations for changes to policies and procedures; developing and providing quality training to OCA's volunteer attorneys and the child protection system as a whole; investigating and reviewing the deaths or near deaths of abused or neglected children and making system-wide findings or recommendations arising from such investigations and reviews; and participating in the community to increase public awareness of OCA. In addition to overseeing OCA, the Child Advocate serves as the Executive Director of the Child Protection Accountability Commission (CPAC), which is comprised of key child welfare system leaders, who meet regularly with members of the public and others, to identify system shortcomings and the ongoing need for system reform. CPAC's overall statutory mission is to monitor DE's child protection system to ensure the health, safety, and wellbeing of DE's abused, neglected, and dependent children. CPAC serves as the federally mandated Citizen Review Panel and Children's Justice Act (CJA) State Task Force.

For its legal representation component, OCA, through its four in-house Deputy Child Advocates and approximately 300 volunteer attorneys, was actively providing legal representation to 444 children as of December 31, 2015.

In its capacity as the CJA Task Force, CPAC submitted its CJA Annual Progress Report and Grant Application and 2015-2017 Three-Year Assessment Report to the Administration on Children, Youth and Families on May 29, 2015, which was later approved.

On September 10, 2015, the Governor signed legislation transferring the investigation and review of deaths or near deaths of abused or neglected children to CPAC. Prior to this transition, CPAC collaborated with the Child Death Review Commission (CDRC), the state agency previously responsible for these reviews, to establish 18 system recommendations stemming from reviews that occurred between 2011 and 2014. Additionally, CPAC adopted many of these recommendations as its policy and training priorities in the CJA Three-Year Assessment Report. As such, CPAC oversees the progress of these recommendations at each quarterly meeting and at its annual retreat with CDRC.

To further evaluate DE's child protection system, CPAC contracted with a data analyst to prepare dashboards on the following system areas: Division of Family Services' caseloads, the processing of child abuse cases, children in DSCYF Custody, permanency outcomes, extended jurisdiction, dual status youth, education outcomes for children in foster care, and re-entry/recurrence of maltreatment.

In addition, CPAC provided local and national training opportunities to child welfare system partners through multiple channels. Approximately 14,500 educators, healthcare providers and members of the public were trained on their statutory, child abuse mandatory reporting obligations through onsite and online training. Partial scholarships were provided to members of the multidisciplinary team (MDT) to attend the 31st International Symposium on Child Abuse, Fourteenth International Conference on Shaken Baby Syndrome/Abusive Head Trauma, and the 29th Annual San Diego International Conference on Child and Family Maltreatment.

On March 3-4, 2015, CPAC partnered with CDRC to host the biennial Protecting DE's Children Conference, which was primarily funded by the Federal Court Improvement Project and U.S. Department of Health and Human Services' CJA grant. Approximately 524 professionals attended the two-day event geared towards law enforcement, prosecutors, judges, attorneys, caseworkers, therapists, educators, community providers and medical professionals who regularly respond to allegations of child abuse and neglect in DE. It featured thirty-nine workshops from national and local experts who addressed multidisciplinary collaboration and various aspects of child abuse including: the neurodevelopmental, molecular, and behavioral effects of child maltreatment; vicarious trauma, compassion fatigue, and resilience; hoarding; decision-making in domestic violence-related custody disputes; social media usage in court proceedings; victimization and children with autism; protecting children in a digital world; human trafficking; and investigative strategies in child sexual abuse and child homicide cases. A one-day Child Abuse Multidisciplinary Team Advanced Training Course was offered at the same time to first responders, which was facilitated by the National Children's Advocacy Center. It was attended by 138 professionals with direct responsibility for the investigation and prosecution of child abuse cases and featured a discussion about best practices. Participants had the opportunity to work through case scenarios involving serious physical injury, death and sexual abuse cases.

The Multidisciplinary Child Abuse Investigative Team Training: A ChildFirst™ Training was held on October 26-28, 2015 at the Hyatt Place™ in Dewey Beach. Forty-one members of the multidisciplinary team participated in the training, and the majority of training participants strongly agreed that the training was pertinent to their professional needs. The three-day agenda featured components that are important for first responders in DE: Minimal Facts or teaching first responders how to question children prior to the forensic interview at the Children's Advocacy Center (CAC); the importance of the multidisciplinary team approach and teaching first responders about the Memorandum of Understanding between the Division of Family Services, Department of Justice, law enforcement and CAC; and the medical aspects of child sexual abuse.

CPAC and CDRC established the Committee on Child Torture and the Joint Committee on Substance-Exposed Infants/Medically Fragile Children to effectuate the action plan developed in response to the 18 system recommendations.

CPAC has identified the following priorities for the upcoming year: provide oversight for the 18 system recommendations and ask agencies for updates as appropriate at its quarterly meetings; develop guidelines for child medical evaluations and a methodology for identifying, training, supporting and sustaining a statewide network of medical professionals who have received specialized training in the evaluation and treatment of child abuse; develop multidisciplinary response protocols for physical injury, serious physical injury, death, sexual abuse, neglect, juvenile trafficking, and child torture cases as part of the revisions to the Memorandum of Understanding between the Division of Family Services, Department of Justice, law enforcement and CAC; utilize the data dashboards to make system recommendations to CPAC for identified priority areas; identify a system response for substance-exposed infants and medically fragile children; develop and provide additional quality training programs to DE's child welfare professionals and other professionals working with children; address barriers for youth achieving

permanency and eliminate Another Planned Permanent Living Arrangement (APPLA) as a permanency plan for youth under 16 years of age; and advocate for the educational success of children in foster care through the collection and analysis of data and the development of performance measures and provide additional resources to child welfare and educational professionals.

Links to annual reports and CJA grant application:

CPAC Annual Report: <http://courts.DE.gov/forms/download.aspx?id=85208>

OCA Annual Report: <http://courts.DE.gov/forms/download.aspx?id=86178>

CJA Annual Report and Grant Application:

http://courts.DE.gov/childadvocate/docs/2015CJA-Application_Attachments.pdf

Court Improvement Project (CIP)

The CIP utilizes federal funds from the U.S. Department of Health & Human Services, Administration for Children & Families to ensure collaboration between the state-administered child welfare agency and the Courts to achieve safety, permanency and well-being outcomes for children in the child welfare system. Since 1998 the State of DE Family Court has administered the CIP and partnered with the Division of Family Services (DFS) around dependency and neglect cases. The overall goal of CIP is to strengthen the effectiveness of the decision-making of the Court to achieve the outcomes stated above.

There are three core elements within the CIP including the data, basic and training grants. The data grant allows for an opportunity to improve the data sharing amongst Family Court and DFS; the training grant exists to increase child welfare expertise among the legal community and among other relevant stakeholders to receive cross-training opportunities; and the basic grant allows Family Court to assess their effectiveness in carrying out State laws regarding foster care and adoption proceedings and subsequently, make improvements where appropriate. The State of DE Family Court has historically engaged stakeholders in CIP work and will continue to do so in the future.

Outcome Measures, Accomplishments, Barriers & Challenges

CIP continues to track and report out on key performance measures each year as it is a requirement for the grant. In FFY 2015 there were several required timeliness measures that were reviewed with the CIP Judges and the DFS leadership. DE performs within standards for most of these timeliness measures.

Specifically, DE's CIP performs well for the timeliness to the first permanency hearing and the timeliness to reach permanent placement. The statewide median number of days to reach the first permanency hearing was 367 days in FFY 14 compared to 369 days in FFY15. The goal for this measure is 365 days. The median number of days to permanent placement was 421 days in FFY compared to 409 in FFY 15. This was a slight decrease from the prior year which indicates slight improvement. Further analysis by the CIP will be completed so that strategies can be explored to continue to maintain timeliness to permanency while ensuring a low recidivist rate.

An area for improvement with our timeliness measures is related to our termination of parental rights. The median number of days to the termination of parent rights was 576 days in FFY 14 compared to 615 days in FFY 15. This is an area that requires further assessment from the CIP as it represents a statistically significant increase from the prior year. CIP is further evaluating this measure to understand some of the specific reasons for the increase in the number of days to TPRs. It should also be noted that this is a measure that requires reviews from our statewide partners as well since timeliness of filing a TPR petition is also critical information to review.

DE's CIP is committed to ongoing tracking and monitoring of its federal timeliness reporting measures and will continue to evaluate trends in our data moving forward. One of the opportunities that the CIP has is to ensure data-sharing with DFS around permanency outcomes. The CIP and DFS will continue to collaborate in data reviews and case reviews to identify barriers and reasons for timeliness delays with our CIP shared cases. This is a newly identified goal for the Court and DFS and the challenge will be to ensure that the meetings are meaningful and can ultimately result in opportunities for system improvements.

Collaborative Efforts/Projects

The CIP's work around youth engagement has been underway for several years and a significant project was conducted this past year to further evaluate our effectiveness in engaging youth in their hearings. We have been able to see an overall increase in the number of youth attending their hearings as well as feedback from the youth that their voice is heard in their hearings. In order to bring about this practice change it has required collaboration amongst CASA, the Office of the Child Advocate, DFS and Family Court. Youth engagement in court will remain a priority for the CIP.

The Education Demonstration Project, supported by Casey Family Programs, continues to engage statewide partners in efforts to ensure that youth in care experience improved educational outcomes. This project has involved sharing data amongst partners to understand accurately how youth in care are performing – both academically and behaviorally – and worked to provide training to school districts around the importance of utilizing a trauma-informed practice perspective when working with youth in care. This past year there has been targeted training provided to Family Court Judicial Officers around educational issues impacting youth in foster care and the CIP has been involved in drafting an Educational Court Report that will eventually be utilized in CIP hearings beginning toward the end of 2016. This has also been a collaborative effort involving a variety of agencies across the state and recently the Office of the Child Advocate has taken the lead.

CIP continues to remain engaged in the various sub-committee workgroups within CPAC. Participation in these workgroups allows the CIP to remain engaged and knowledgeable about statewide child welfare policies and projects.

CIP participated in the Title IV-E Federal Review as well as the CFSR this past year with DFS. It was important for CIP to be involved with DFS in these federal reviews to ensure the Court's voice was provided. Particularly, in the IV-E Review, CIP was able to ensure eligibility documentation was provided from the Court to allow for proper claiming. In the CFSR, the CIP participated in crafting the Performance Improvement Plan as it related to permanency measures.

The CIP will continue to collaborate with DFS in implementation of the PIP over the coming years.

Family Court, through judicial leadership, convened a CIP Leading Practices workgroup that includes attorneys who practice in CIP work across the state. This workgroup has been instrumental in evaluating system-wide practices that pertain to CIP hearings and assessing court practices to bring about practice improvements.

Priorities for the Coming Year

1. DE's CIP began working collaboratively with the Capacity Building Center for Courts (CBCC) this past year. Through their assistance we have been able to develop a more formalized court observation document that will assist the Court in assessing our family and youth engagement efforts. CIP has also partnered with them for technical assistance for other areas.
2. The CIP will launch some training targeting our parent representation practices. Through the CBCC, as well as an outside agency, we will be bringing some statewide training to attorneys who practice regularly in our CIP work. A leadership group from the state recently convened to receive initial training on this issue and additional follow up will occur throughout the year.
3. One of the outcome areas in the CIP's Strategic Plan is focused on the well-being of our youth and ensuring that evidence-based practices are incorporated into our work. In particular, there is a focus on infant and toddler development and ensuring that proper evidence-based services are in place for these young children upon entry into foster care. There will be a targeted training with our Family Court Judicial Officers about infant and toddler development and the special needs that these young children require while placed in foster care.
4. The CIP will continue to participate in the Juvenile Subcommittee on Trafficking that convened this past year. In light of P.L. 113-183, the issue of runaway youth and the risk factors associated with youth in foster care to become victims of trafficking are concerning for the Court and its partners. The CIP will partner with DFS and this Committee to ensure proper screening and communication protocols are in place.
5. CIP will maintain ongoing collaboration with DFS around the CFSR Performance Improvement Plan as it relates to permanency measures over the next year. Initial workgroup meetings have been convened and full implementation will roll out by the end of the year.

Court Appointed Special Advocate Program (CASA)

By state statute (31 Del.C. §3601-3612), the CASA volunteer serves as guardian *ad litem* for abused and neglected children who come before the Family Court and is appointed through an order executed by a Family Court Judge. The CASA is charged with representing the best interest of the child and is a full party to Court proceedings. Contract attorneys represent the CASA volunteers in Court proceedings and provide legal advice to the program.

The state statute outlines the qualifications, appointment, duties, rights, and status of CASA volunteers. The statute also addresses confidentiality, authorizes the CASA to access information and provides liability protection for the program volunteers, staff, and attorneys.

The CASA program serves all three counties with offices in each. For CY2015, over 260 volunteer CASAs built close relationships with and served as one-on-one advocates for children in foster care.

CASA volunteers are selected, trained, supervised and evaluated by Program Coordinators from the Family Court staff. CASA volunteers commit to spending at least one year with the program during which time they are focused upon:

1. Establishing a strong, stable connection with assigned child(ren),
2. Gathering information and making recommendations to the court about the child's best interest, and
3. Advocating making sure the child receives needed services. A CASA volunteer may be the only consistent adult in the life of the child.

The advantages of having CASA volunteers include high quality advocacy, better service to children, cost effectiveness and efficiency. Children with a CASA benefit in countless ways. They are more likely to be placed in a safe, permanent home, more likely to receive better services and more likely to have fewer placement changes.

In 2015, a total of 260 volunteers represented 591 children who were in the foster care system. 48 new volunteers were inducted into the program, after completing the 30 hour training course. CASA volunteers spent approximately 50,000 hours with their CASA children in 2015.

The CASA program provides many educational opportunities to volunteers and staff in addition to the initial 30 hour pre-service training. Such training assists CASAs in further developing their knowledge and skills to provide quality advocacy to the children served. The CASA program provides over 80 hours of in-service training to their volunteers each year throughout the state. This includes a day long Statewide CASA Conference in the spring and two county conferences in the fall.

In May 2015, more than 100 CASA staff and volunteers gathered for the statewide conference: "Understanding our Children". Nationally acclaimed Psychologist and author Dr. Jon Baylin focused upon his research and work with brain-based parenting.

In October CASA "Legal Boot Camp" was held in both Sussex and New Castle Counties. These day long symposiums focused upon investigations, reporting, testifying and the legal aspects of the CASA role.

Each month, a two hour in-service program is held in each county. Throughout the year, the CASA program offered many training opportunities including such topics as the following: Youth Involvement in Court, CASA Investigations, Educational Advocacy, Educational Surrogate Parent Training, Youth and Mental Health, Community Resources for Families, Adoption/Kinship Care services, Neonatal Abstinence Syndrome and parental substance abuse.

In addition, the program holds case discussions and trips to various service providers. Destinations this past year included Murphey School, Dover Behavioral Health Center, Kids

Peace, and the Children's Advocacy Center. Through these educational experiences CASAs are educated in current welfare trends enhancing their abilities as advocates.

CASA staff and volunteers participated in the Protecting DE's Children Conference and represented DE at the National CASA Conference in Louisiana.

In 2015 CASA partnered with many agencies including the following:

- DSCYF
- OCA
- Wilmington University
- DE Tech
- DE State University
- Kent County Interagency Council
- Interagency Adoption Committee

CASA also partnered with Kind to Kids and The Christiana Rotary club to identify children for back to school supplies and holiday gifts. CASA representatives are active in CPAC and serve on their committees.

The CASA Program has a vision and plan of action for 2016-17. The vision of the Family Court CASA Program includes:

- To improve outcomes for more children
- To continuously increase program quality
- To continuously improve volunteer effectiveness
- To recruit volunteers from diverse backgrounds

The plan of action is:

- To provide advocacy and independent factual information to the court regarding abused, neglected, and dependent children
- To insure legal representation of the child's best interest in all judicial proceedings
- To monitor cases involving abused, neglected, and dependent children until the terms of a court order have been fulfilled and or a safe & permanent home has been achieved for the child(ren)
- To continue to explore ways in which to recruit volunteers reflective of the children we serve through community involvement and education

VI. Program Support

DFS Training FY2016

Staffing and Organizational Structure

The Center for Professional Development (CPD) provides training and professional development for DSCYF employees and its partners who work with children, youth and families. CPD is housed within the Division of Management Services. CPD is staffed with a complement of seven trainers plus one support staff supervised by a Training Administrator II. There are also two coaching supervisors within DFS whose primary responsibilities are to ensure new DFS workers complete pre-service training and required on-the-job experiences.

Goals and Objectives

The goal of training in DFS is to develop the necessary knowledge, skills, and attitude needed for workers, supervisors, managers, and contracted partners to competently apply the DFS child welfare practice model. During FY2016 training continued to be focused on the following casework practice initiatives grouped together under the banner ‘Outcomes Matter’: Structured Decision Making®, Safety Organized Practice, Differential Response, Family Search and Engagement, and Team Decision Making. These training goals are aligned to support implementation of the CFSP and CFSR findings.

CPD’s ongoing primary training objectives are: (1) Developing, updating and modifying the DFS training curricula to embed the values, knowledge, and intervention skills in the practice framework to meet the job responsibilities of DFS staff and to comply with changes in policy, practice, and program areas; (2) Provide competency-based pre-service training; provide in-service training to caseworkers, supervisors, administrators, and contracted in-home service providers supporting best practices and integrated service planning; (3) Implement and sustain practice approaches by teaming with DFS leadership and its partners to develop the skills necessary for workers and supervisors to practice with fidelity; and (4) Be an internal partner as members and/or leads of ongoing DFS workgroups, and participants in leadership meetings and other policy and practice committees to assist in defining, planning, and executing training to targeted DFS staff.

Activities Supporting IV-B and IV-E

The following training activities support the CFSP goals and objectives, including training funded by titles IV-B and IV-E.

CPD provides competency-based training to caseworkers, supervisors, and administrators as well as to DFS contracted in-home service providers to promote and support best practices and integrated service planning.

- *Pre-service training:* CPD provides training in the skills and knowledge needed by new hires to understand and implement the DFS practice model. Fourteen competency-based pre-service core trainings are delivered to cohorts of newly hired workers in the Office of Children’s Services. CPD trained mentors are paired with new hires to facilitate learning in the field which includes required on-the-job field experiences. In addition, a graduated caseload assignment is applied allowing for increased practical application of knowledge and skills trained.
- *In-service training:* In FY2016, training involving Children's Research Center, Annie E. Casey Foundation, Kids Insight, and CPD trainers occurred to build knowledge and practice skills that support the Outcomes Matter initiatives. DFS Supervisors received training on the CLEAR coaching model, with a focus on integrating Safety Organized Practice (SOP) with Structured Decision Making (SDM®) and Family Search & Engagement (FSE) tools and were provided with a Coaching Refresher that reviewed the core concepts of a “coaching continuum” in a child welfare setting. Frontline caseworkers received Coaching Refresher training on three key SOP areas (safety plans, networks, and the framework), as well as a review of the Family Service Plan, the Child Service Plan, and the new Family Strengths and Needs Guide and how to develop the plans collaboratively with parents and youth. Supervisors and front-line staff received training on the Treatment Outcome Package, a

multi-rater assessment tool designed to help child welfare systems gauge a child's social and emotional well-being.

On April 9 and 10, 2015, DFS hosted a special training focused on strengthening foster families' abilities to successfully care for teens. Dr. Marlene Moretti of Simon Fraser University in British Columbia, Canada, is the developer of an attachment- and trauma-focused, Evidence-Based model called the Parent Connect Program. This model has been widely implemented across Canada and Europe to help parents learn to effectively manage severe behavioral issues in teens. She has worked closely with Dr. Ove Ostling of Lund University in Sweden to adapt the model for foster care. Dr. Moretti and Dr. Ostling had been invited UD for a meeting of researchers involved in community-based implementations of interventions hosted by Dr. Roger Kobak and Dr. Mary Dozier of UD on 4/8. Vicky Kelly, former DFS Director, was honored to be included as a presenter at this forum, discussing the various models that DFS has implemented in recent years. DFS staff, staff from all the private provider agencies, and training staff from Prevent Child Abuse DE participated in the two day overview. Dr. Kobak and one of his graduate students also participated in the training. The Connect Program is now used in Sweden as the continuing training approach for foster parents of teens. This model has not been implemented in the U.S., but Dr. Moretti is very interested in working with DFS to be the first implementation site in the US.

Mandatory and comprehensive training on the Child Protection Registry was developed and presented by Linda Shannon (Program Manager for Intake and Investigation), Valerie Farnan (Deputy Attorney General), and Kriston Lowry-Sims (Substantiation Hearing Coordinator) to Investigation staff statewide on November 9, 23, 24, and 30, 2015.

As a result of several child deaths in Sussex County during 2015, mandatory training called "Investigation Policy, Procedures, and Best Practice" was developed and delivered on March 17, 2016 by Linda Shannon, Christine Weaver (Coaching Supervisor at University Plaza), and Shannan Lloyd (Sussex Investigation Supervisor). Best practice showed where the Safety Organized Practice tools could be incorporated throughout the investigation.

Data and Statistics

During FY16, training records indicate that 35 DFS new workers attended pre-service training and 2 contracted provider staff attended several pre-service trainings. Training records indicate 100% satisfactory completions for DFS new workers for all pre-service training within the agency four to six months, with supervisors being the control for ensuring their staff completes training. The FY2016 DFS staff training chart lists the courses offered and the number of sessions for each course. (See Attachment: DFS NET Course Description FY2016)

In July 2015, CPD began using a new learning management system platform, the DE Learning Center (DLC). One benefit of the DLC is the automation of the evaluation process. Evaluations are attached to all CPD courses in the DLC and are available following completion of the course. Workers and supervisors are still getting accustomed to the DLC and the evaluations are optional at this time. CPD has identified a technical glitch in DLC's evaluation reports. As a result, while the report appears to compile multiple evaluations completed for each course, the number of respondents is not accurately captured. CPD is working on this issue with the DLC technical

staff. In addition, no hard copies of any surveys were retained following the retirement of the seasoned DFS Training Administrator in October 2015 and the physical relocation of the CPD unit in November 2015.

The course evaluations in the DLC rate course content, understanding, and relevance to job responsibilities. Rating categories include a Likert Scale of Excellent, Very Good, Good, Fair, or Poor. Also included in the evaluations are open-ended questions under each of the categories requesting ideas on improving that area. The raw survey data indicates the rating from participants observed in the greatest frequency across the 14 core pre-service trainings falls into the “very good to good” range.

Beginning with the May 2016 cohort, CPD will administer a Midpoint Survey through the DLC. The survey will be required for completion of the New Hire curriculum. Additionally, CPD will meet with the new workers and with their supervisors for “Quality Check-Ins” approximately 2 weeks after the Midpoint Survey is due. This will be an opportunity to discuss the results of the survey and the quality of the On the Job (OTJ) experiences, and to identify any gaps while there is still time to address it effectively. While CPD has not gathered midpoint data thus far in FY2016, historical data from FY2015 indicated that 97% of respondents agree that they were using what they learned in training on the job. Eighty-one percent reported that they applying learning within a week after training. Eighty-seven percent of respondents agreed that the skills they learned in training was important for the successful performance of their job functions.

All new caseworkers continue to be assigned mentors in the field in areas associated with training content and job responsibilities.

In previous years, training design and delivery metrics for DFS new workers was captured in a DFS New Worker Training System Survey. The survey employed qualitative and quantitative elements designed to gather the perceptions and experiences of new workers at the conclusion of their new worker training program. Using Likert Scales of agreement, it directed the respondents to indicate their satisfaction with classroom training, supervision, mentoring, shadowing/OJT and the overall workplace environment. The table on the next page represents the data collected from FY2013 to FY2015.

DFS New Worker Training System Survey Responses FY 2013 - FY2015 (N= 99)

Class Room Training Questions	Agree	Neutral	Disagree
Content was appropriate to orient me to the job	80%	15%	5%
Training reflected policy and best practice	75%	18%	7%
Training prepared me to begin doing my job	65%	25%	10%
Supervision Questions			
Supervision proved me adequate direction	71%	20%	9%
Supervision Supported classroom training	78%	18%	16%
Supervision provided me regular feedback about my job performance	72%	20%	5%
Mentoring Questions			

Mentoring provided enough shadowing opportunities to orient me to the job	65%	25%	10%
Mentors gave me useful performance feedback	70%	25%	5%
Mentoring prepared me to do my job	64%	30%	6%
Shadowing Experiences/On –the Job Training			
Shadowing activities were sequenced well to help orient me to the job	62%	27%	13%
Shadowing helped me learn my job more effectively	78%	17%	5%
Shadowing experienced workers helped prepare me to do my job competently	70%	12%	8%

Due to the intense schedule of in-service training of the SOP Modules in FY2015, DFS decreased the in-service training offered in FY2016 so frontline workers could concentrate on applying the newly learned techniques and processes in their daily practice. In addition to the in-service training indicated above in “Activities Supporting IV-B and IV-E,” in-service training was offered on DE Child Protection Registry, Managing Risk Factors and Challenges in Kinship Guardianship, DE Safety Assessment and Planning Refresher, and Safety Organized Practice (SOP) Mentor Training. Additionally, the SDM[®] tools for Treatment were added to FACTS and In-Service training was provided to all the impacted functions to ensure a smooth transition.

There are limitations involved in data collection and analysis. The data are purely descriptive. Data quality is determinant upon the accuracy of registration and attendance records, the timeliness of data entry, and the accuracy of manual data input. Also, administration procedures, survey question design, and the nature of self-reporting should be considered in evaluation.

Outcomes and Measures

Indicators that training outcomes are met include: 1) Ongoing curriculum reviews to ensure training maintains focus on the outcomes of safety, permanency, and well-being and the knowledge and skills pertaining to the OM practice framework; 2) Caseworkers who can demonstrate understanding and an emerging ability with OM practices and tools as observed in training, indicated by self-reports, and from supervisor and mentor feedback during training; 3) Providers are being trained along with DFS staff as indicated by attendance records and trainers reports; 4) Reported employee satisfaction on training surveys, and retention of casework staff as reported by DFS leadership; and CPD participation is reflected in workgroups and in senior leadership meetings.

Barriers and Challenges

FY2016 is a year of transition for CPD, particularly with the inception of the DE Learning Center, the retirement of the DFS Training Administrator, and the relocation of CPD staff to a new building. CPD continues to learn the administrative functions of the DE Learning Center and DFS staff continue to learn the user functions. A new DFS Training Administrator began in

January 2016. CPD staff endeavors to adjust to the new location with upgrades to the equipment and renovation of the classrooms.

Priorities for Coming Year

With the DLC still in its infancy, CPD is planning to create online module training as a refresher and a just-in-time training resource using web based services and other training technology that can be used on smartphones, tablets, and iPads. CPD can support the coaching efforts of supervisors and workers using effective applications technology.

The implementation of learning circles for supervisors, the launch of which is to be determined by DFS is another opportunity for ongoing professional development; including critical thinking, coaching, and solution-focused interaction and support for supervisors. When DFS moves ahead with a coaching structure and supervisory learning circles, CPD will provide continued support with a focus on assisting DFS and DSCYF on sustaining movement in the implementation and utilization of all the Outcomes Matter practices, while assuring fidelity.

Technical Assistance, Capacity Building, Infrastructure Support

Implementation supports described in the 2015-2019 CFSP remain active. References in Section III Update on Progress Made to Improve Outcomes include training, coaching and technical assistance for Safety-Organized Practice and Structured Decision Making® from Children's Research Center. DFS continued to work with Robert Sawyer, national consultant on Differential Response through the summer of 2015. He continued to provide technical assistance and guidance as the Division continued to expand its internal Differential Response practice. Plans for further expansion are still be considered for future implementation. The state implemented an enterprise level learning management system (DE Learning Center) on July 1, 2015. These system improvements strengthen the foundation for data informed practice changes, targeting areas needing improvements. The Treatment Outcome Package (TOP) databases initiative has been expanded to all 3 counties and is currently in use tracking foster care psychotropic medication, academic performance, and the behavioral health of children in placement. Partnerships with Annie E. Casey Foundation, Tufts University, and Outcome Referrals, Inc. build capacity to serve children in least restrictive, community-based settings through data informed policy decisions. See Section XIV Training Plan for updates on staff training.

VII. Consultation and Coordination Between States and Tribes

DFS' CFSP Coordinator established a relationship with Nanticoke Chief William Daisey in 2015. Chief Daisey was interviewed by federal representatives as a CFSR Stakeholder 5-12-15. The tribe elected a new Chief in the past year, Natosha Carmine. An introductory letter was sent to Chief Carmine March 23, 2016 extending an invitation to the annual CFSP stakeholder meeting held April 6, 2016; the tribe was not represented at the meeting. There has been no response to date. The standing agreement continues for assisting the agency with foster home recruitment and support should an Indian child enter state custody.

June 2, 2016 DSCYF received notice from the Administration on Children and Families to submit a corrective action plan to make provisions implementing the IV-E State Plan requirements for the Indian Child Welfare Act. The agency is preparing a corrective action plan to provide policy and provisions to transfer jurisdiction to a title IV-E tribal organization of an Indian foster child by July 2, 2016.

VIII. Monthly Caseworker Visit Formula Grants

Delaware's automated case management system supports monitoring and reporting of case worker contacts per ACYF-CB-PI 12-01. Adjustments to the reportable population were made to comply with FFY2012 changes to report the total number of visits that would occur if each child were visited once every month while in care and visits occurring in the child's residence. PI 12-01 also set a 95% standard for monthly caseworker contacts effective FFY2015. For FFY2015, Delaware's performance for Measure 1: Percent of Visits Made Monthly is 95.87%. For Measure 2: Percent of Visits in the Child's Residence is 82.34%. Supporting these scores, Delaware has policy on foster child visits cited in Placement Chapter, Section G of the DFS User Manual which states that children in out of home placements must be visited monthly. In January 2008, a standardized reporting format was issued for foster care contacts for these factors: time, location, purpose, issued discussed, participants, safety and next steps. This format was distributed to DFS case workers and purchased care agencies. In January, 2009, FACTS was modified to include a specific monthly foster care contact event. This event allows workers to enter specific information regarding their monthly foster care contact including where the contact was made. This FACTS modification also allows the supervisor to track monthly foster care contacts to ensure that children are seen monthly and that the majority of contacts are made in the child's place of residence. Caseworker visit grant funds are applied to contracted foster care services using a methodology targeting caseworker visit costs.

Delaware will report foster care contacts for FFY2016 by December 15, 2016.

IX. Adoption and Legal Guardianship Incentive Payments

Currently DE does not have a Guardianship Assistance program (GAP) and received no Guardianship Rate Incentive Payments for subsidized guardianships for FFY2014. DE received adoption incentive FFY2014 funds and applied \$13,769 to contracted services for pre-adoption and post-adoption services to SFY2015. DE received \$10,013 adoption incentive funds for FFY2015 which remain unencumbered to date.

X. Child Welfare Waiver Demonstration Activities

Delaware does not have a child welfare waiver demonstration project or activities to report.

XI. Quality Assurance System

DE completed a modification of the investigation QA instrument in January 2014. Primary focus has been on the changing practice model in DE, with the adoption of SDM[®] assessment tools, Safety Organized Practice and, family engagement processes. Quarterly reports have been built to inform regional office and program managers of progress toward integrating engagement strategies into documented case management activities. DE sampled 115 investigation cases during CY2015. Individual case review results are shared with the specific supervisors/staff and, the quarterly performance reports are addressed by the investigation program manager at regularly scheduled workgroups.

The Quality Assurance System was determined to be an area needing improvement by the 2015 CFSR. There were three core areas of the review process needing corrective action. The questions used in the treatment and permanency reviews instruments did not all align with

federal on-site review instrument questions. DE does not conduct stakeholder interviews as a part of the case review process and there isn't a second level quality assurance review. DE plans to replace the current case review instruments and adopt the federal OSRI. A final decisions will be made in June 2016. In the meantime DE is building capacity for and, will develop guidelines to incorporate stakeholder interviews to supplement case review activities. In addition, DE will include a second level QA review process for each case review conducted. The new case review system will also be built consistent with many of the expectations regarding elimination criteria, conflict of interest, sample frames, and training requirements used during the CFSR. Final case review guidelines and instructions will be completed in June 2016, once the decision is made regarding the assessment tools.

XII. Child Abuse Prevention and Treatment Act State Plan Requirements and Update Requirements and Updates

1. Requirement: Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state's eligibility for the CAPTA state grant (section 106(b)(1)(C)(i) of CAPTA).

Update: Legislation (HB 319) was introduced in April 2016 to codify hospital reporting of drug-exposed infants and Fetal Alcohol Syndrome Disorder (FASD) children to DFS and the development of a Plan of Safe Care prior to discharge of the infant. This legislation will strengthen DFS' eligibility for CAPTA. The content of the bill is available at [http://legis.delaware.gov/LIS/lis148.nsf/vwLegislation/HB+319/\\$file/legis.html?open](http://legis.delaware.gov/LIS/lis148.nsf/vwLegislation/HB+319/$file/legis.html?open)

Senate Bill 188 was introduced in May 2016 and it "transfers the Court Appointed Special Advocate Program to the Office of the Child Advocate creating one office in this State that provides legal representation to children. The bill updates the law to reflect the practices of the Office of the Child Advocate, including ensuring that the child is the party to the proceeding once legal counsel is appointed, that every child is provided legal representation, that the wishes of the child are a significant factor in the legal representation, and that the child's rights are explained to him or her." The full text of the bill is located at [http://legis.delaware.gov/LIS/lis148.nsf/vwLegislation/SB+188/\\$file/legis.html?open](http://legis.delaware.gov/LIS/lis148.nsf/vwLegislation/SB+188/$file/legis.html?open)
This bill will not affect DFS' CAPTA eligibility.

2. Requirement: Describe any significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA. (See section 106(b)(1)(C)(ii) of CAPTA).

Update: No significant changes are proposed to Delaware's approved CAPTA plan.

3. Requirement: Describe how CAPTA state grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2015 (section 108(e) of CAPTA).

Update: CAPTA funds supported the following program areas during FFY2016:

- *CAPTA, Section 106.a.1. the intake, assessment, screening, and investigation of reports of child abuse or neglect*

Two 0.50 FTE Institutional Abuse (IA) Investigators are funded that investigate statewide allegations of child abuse in licensed and State run child care facilities. (See Attachment: Institutional Abuse Statistics January 2015 – December 2015)

- *CAPTA, Section 106.13.B.to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports*

DFS contracts with A.I. DuPont Hospital for Children for the purpose of obtaining an expedited medical examination for the determination of child abuse or neglect. This contract also provides for the services of a social worker to manage DFS cases and assist DFS caseworkers. (See Attachment: A. I. DuPont Hospital for Children – Emergency Department, Division of Family Services, January – December 2015 Statistics)

The CAPTA funds also supported travel for the State Liaison Officer (SLO) to attend the yearly SLO meeting in Washington, DC in June 2015.

4. Requirement: Submit a copy of the annual report(s) from the citizen review panels and a copy of the state agency's most recent response(s) to the panels and state and local child protective services agencies, as required by section 106(c)(6) of CAPTA.

Update: The Child Protection Accountability Commission (CPAC) serves as Delaware's Citizen Review Panel. CPAC's State Fiscal Year 2015 report is located online at <http://courts.delaware.gov/forms/download.aspx?id=85208>

Delaware seeks to continue CAPTA funding for FFY2017. See Section XVII Grant Applications, CAPTA.

5. Requirement: Describe the policies and procedures the state has in place to address the needs of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants (section 106(b)(2)(B)(ii) of CAPTA). We note that such notification should occur in *any* instance in which an infant is demonstrating withdrawal symptoms due to prenatal drug exposure, whether the drugs were obtained legally or illegally.

Update: CAPTA (P.L. 108-36, Keeping Children and Families Safe Act of 2003) required states to receive reports regarding drug-exposed infants. DFS has received reports from hospitals about mothers testing positive, infants testing positive or both testing positive for substances since 1989. Since that time DFS expanded its policy to include abuse of legal substances in addition to illegal substances. DFS has also updated policy to conform to

CAPTA revisions such as requiring hospitals to report Fetal Alcohol Spectrum Disorder (FASD).

DFS utilizes Structured Decision-Making® to screen reports and the sections of the Screening Assessment/Priority Response Policy and Procedures Manual that address drug-exposed/FASD infants can be found online at <http://www.kids.delaware.gov/policies/dfs/sdm-DelawareIntakeManual-2015March.pdf> on Pages 1, 3, 14 (plan of safe care), 21, 22, 27, 35, and 36.

The SDM® Safety and Risk Assessments Policy and Procedures Manual is located online at <http://www.kids.delaware.gov/policies/dfs/sdm-DESafetyandRiskManual.pdf.pdf>. Drug-exposed/FASD infants are discussed on Pages 4, 15, 44, and 58.

The Family Strengths and Needs Guide, SDM® Risk Reassessment, and SDM® Reunification Reassessment are online at <http://www.kids.delaware.gov/policies/dfs/sdm-DETreatment-Manual-2016.pdf>. Drug-exposed/FASD infants are discussed on Pages 53, 62, and 72.

Other drug-exposed/FASD infant policies can be found in the DFS Policy Manual online at http://www.kids.delaware.gov/policies/dfs/pol_fs_PolicyManual_2016.02.17.pdf. See Pages 7 and 24.

6. Requirement: Describe the state's policies and procedures for developing a plan of safe care for infants born and identified as being affected by illegal substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder (section 106(b)(2)(B)(iii)). Describe which agency or entity is responsible for developing a plan of safe care, how it is monitored and how follow-up is conducted to ensure the safety of these infants.

Update: In collaboration with the Perinatal Association, DFS established six triggers for a hospital to convene a drug-exposed/FASD discharge planning meeting to develop a plan of safe care. The six triggers were implemented in February 2016. The Standards Committee of the Perinatal Association revised the six triggers in April 2016. Furthermore, meetings have been held between key DFS administrators and supervisors with all statewide hospitals during the months of March and April 2016. (See Attachment: Reporting Guidelines for Hospitals and Investigation Activities)

7. Requirement: Describe any technical assistance the state needs to improve practice and implementation in these areas, including how to support mothers and families, as well as infants, through a plan of safe care.

Update: A Joint Committee (CPAC and the Child Death Review Commission) on Substance-Exposed Infants/Medically Fragile Children was convened on May 29, 2015. Additional meetings were held on July 24 and October 23, 2015 and on January 15, March 18, and May 13, 2016. The Joint Committee is in the process of applying for technical assistance from the National Center on Substance Abuse and Child Welfare (NCSACW), an initiative of the

Department of Health and Human Services and jointly funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the Administration on Children, Youth and Families (ACYF), Children's Bureau's Office on Child Abuse and Neglect (OCAN). This initiative is designed to advance the capacity of State and local jurisdictions to improve the safety, health, permanency and well-being of infants exposed to maternal alcohol and drugs, particularly opiates during pregnancy, and the recovery of pregnant and parenting women and their families.

DFS plans to send six staff to include the Director, Deputy Director, Office of Children Services Administrator, program managers for intake and investigation and treatment, and one investigation supervisor to the Child Welfare League of America 2016 National Conference in California called Advancing Excellence in Practice and Policy: What Works for Families Affected by Substance Abuse. CAPTA funds will be used for the program managers' travel.

8. Requirement: Describe the steps that the state is taking or will need to take to address the amendments to CAPTA relating to sex trafficking in order to implement those provisions by May 29, 2017.

Update: DFS policy and procedures were updated to include sex trafficking victims and is located at http://www.kids.delaware.gov/policies/dfs/pol_fs_PolicyManual_2016.02.17.pdf. Page 133. Procedures are located at http://www.kids.delaware.gov/policies/dfs/pol_fs_UserManual_2016.05.19.pdf on Pages 246 - 248.

9. Requirement: Provide an assessment of the changes the state will need to make to its laws, policies or procedures to ensure that victims of sex trafficking, as defined in sections 103(9)(A) and (10) of the TVPA, are considered victims of child abuse and neglect and sexual abuse. We note that it is likely that some states will need to make changes to state laws to come into compliance. Indicate whether the state is electing to apply the sex trafficking portion of the definition of "child abuse and neglect" and "sexual abuse" to persons who are over age 18 but have not yet attained age 24.

Update: DE is reviewing U.S.C. for any necessary changes in Del. Code for including sex trafficking as child abuse and neglect. The State is not electing to change the definition of "child abuse and neglect" and "sexual abuse" to include young adults. The agency awaits federal instruction as to NCANDS reporting changes to include this population.

10. Requirement: Provide an update on the state's progress and planned activities in the coming year to develop provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims.

Update: DFS released sex trafficking policy and procedures January 4, 2016 including the identification, interviewing, reporting and service coordination for alleged victims of sex trafficking. Among many child welfare partners, DFS staff attended a general trafficking victim conference sponsored by Family Court September 10, 2015 with Administration for Children and Families, American Bar Association, Polaris Project and New Jersey's Department of Children and Families' Commissioner presenting. The annual foster parent

conference held May 25, 2016 sponsored a workshop on sex trafficking attended by foster parents and child welfare partners. DFS plans to train statewide staff on identifying, reporting and serving suspected and confirmed sex trafficking victims. The University Plaza regional office received sex trafficking training from Zoë Ministries May 2016. The Center for Professional Development is in the process of incorporating the sex trafficking policy into the DFS new employee training. DFS will respond to federal instruction regarding NCANDS reporting for this population.

(See DFS Policy and User Manuals, Administration Chapter, J. Sex Trafficking: http://kids.delaware.gov/information/policy_dfs.shtml).

11. Requirement: Provide an update on the state's progress and planned activities in the coming year to develop provisions and procedures for training CPS workers about identifying, assessing and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters.

Update: A statewide training plan has been developed for staff to be trained about the sex trafficking requirements. A 3.5 hour training is scheduled in New Castle County on September 8, 2016 and in Kent County for staff from Kent and Sussex Counties on September 23, 2016. CFF FAIR staff will be required to take the training and the training will also be offered to Purchase of Care and Independent Living Providers.

12. Requirement: To facilitate ongoing communication between CB and states on issues relating to CAPTA and child abuse and neglect, please submit the name, address, and email for the state CAPTA coordinator (also known as the State Liaison Officer) or where this information can be found on the state's website.

The State Liaison Officer and contact information:

Linda Shannon, MSW
Intake and Investigation Program Manager
1825 Faulkland Road, Wilmington DE 19805
Linda.Shannon@state.de.us
302-633-2663

XIII. Chafee Foster Care Independence Program

Homelessness Prevention

The prevention of homelessness has been a continued focus. DE has traditionally provided transitional housing in both Kent and New Castle Counties. In an effort to improve housing resources, DE added eight housing slots through two new transitional housing sites beginning in July 2015 serving females. This added housing resource filled a gap in housing services in Sussex County where such contracted resources have not previously been available.

Additionally, a partnership was developed with an additional transitional housing provider within Sussex county serving male youth. The ILP Manager serves as designee of the DSCYF' Cabinet Secretary on the DE Interagency Council on Homelessness (DICH). In this capacity, there is an ability to impact decisions regarding homeless prevention measures relevant to youth aging out of foster care. Participation on this council also provides insights regarding homeless prevention

resources. DE implemented centralized intake as a component of the Homeless Planning Council. Individuals can be assisted when experiencing homelessness by contacting the state's information hotline (211) which serves as the state's centralized intake system. It is further important to note that the monthly stipends available to young adults were designed to provide financial supports for living costs. The funds are readily utilized to provide housing options to young adults in order to prevent homelessness. DE has only one Runaway and Homeless Youth Act (RHYA) grant recipient at this time. There is a partnership with Child Inc. who is a basic center program grantee and the resources of this agency are utilized. Previously, Aid in Dover was a recipient of RHYA funding, however their grant was not renewed. In prior years, this transitional housing program served as an additional resource to youth that transitioned from foster care. Communication with this agency has recently occurred in an effort to discuss potential collaborative efforts given their willingness to continue to serve the community given that there are no longer federal funds to do effectively do so. Family Unification Vouchers (FUP) have served as a housing resource for young adults since 2010. The independent living program manager also advocated for the DE Housing Authority to apply for the expanded FUP option. Through such advocacy a proposal will be submitted to HUD by the June deadline. In addition to FUP vouchers, DE has a state voucher program which supplements the FUP. Both resources have significantly addressed the housing needs of young adults.

Pregnancy Prevention

Pregnancy prevention is an incorporated focal area of the overall health of the youth. Youth including males are educated on the types of contraception and encouraged to select a method should they choose to be sexually active. Youth are informed about resources within the community inclusive of Planned Parenthood. Young adults are assisted in applying for extended Medicaid and reproductive health is a key aspect of education on such coverage. In DE, the vast majority of high schools have Wellness Centers which serve as an additional resource towards pregnancy prevention and reproductive health. Also, there has been an awareness that there is a need to better equip foster parents to address this sensitive topic. To address this need the Office of the Child Advocate developed a training which will be offered as a workshop at the annual Foster Parent Conference in May 2016 as well as a guide to assist professionals to effectively address this important topic. DFS also partnered with Christiana Care in its submission of the Office Adolescent Health's *Replicating Evidence-Based Teen Pregnancy Prevention Programs to Scale in Communities with the Greatest Need (Tier 1B)* Funding Opportunity. The application was approved yet not funded for FY2015, yet could still be considered should funding become available. Data would suggest that efforts in this area have been effective in maintaining the parenting rate of Chafee youth. The rate of 18% has remained consistent since 2014 and also reflects a slight decrease from 19% in 2012. In May 2016 a new opportunity for training has been presented by Upstream. A new initiative from Governor Markell has begun entitled DE CAN (Contraception Access Now) and focuses on educating women on long lasting contraceptive options such as the IUD and implants. DFS was approached about training staff, providers and youth on the benefits of such contraception and how to access them. A request has been made to also provide such training to foster parents and males. It is anticipated that these populations can be included. Initial plans are to conduct the training in the fall of 2016.

Consultation With Tribes

Members from the Nanticoke Tribe are invited to review the coordinated plan. The Independent Living Program (ILP) is included in this review. The program support administrator met with the prior Chief of the Nanticoke Tribe and has shared information and encouraged coordination with the tribe. An invitation to review and partake in coordinated planning has been presented to the new Chief.

Education and Training Voucher (ETV) Program

DE has had the Davis Scholarship since 1989, but over the years, the infusion of the ETV program has enabled the scholarship funds to proliferate; accordingly the number of students served by the Davis Scholarship and ETV program has increased as well. Despite the increase in recipients, award amounts have been reduced due to decreased funding from the federal allocation. The state has supplemented the loss by increasing the Ivyane D.F. Davis scholarship by \$25,000. Because of DE's size, award decisions are tailor made to address the unique needs and living situations of the students. Efforts have been made to remove as many barriers as possible to ensure everyone who is eligible for these funds has access to them. These efforts include streamlining the application forms, on-line access to applications, one on one assistance with completion, and working with all applicants (even the struggling student) to achieve at least a certification so at a minimum youth achieve a level of training that will allow them to earn a living wage.

CPRB staff continually educate the community regarding the scholarship and ETV resources. Initial promotion of ETV occurs during child placement review hearings. Also, CPRB conducts hearings for young adults that receive financial stipends. During such hearings, an opportunity exists to share information regarding ETV. Additionally, CPRB maintains an ongoing commitment to educating youth at the Annual Youth Conference regarding the program and requirements. They will also continue their participation in the annual event entitled Destined for Greatness. Participation in this event helps to inform youth that have achieved various accomplishments including high school completion. This will help such youth understand the resources available to achieve their educational/vocational goals. Youth are also educated regarding their eligibility for ETV at their transition and exit planning meetings. Young adults that move outside of the state are eligible for a monthly stipend. Those youth receiving the stipend and living out of state receive information and reminders regarding their eligibility for ETV.

Sex Trafficking

Training relative to the needs of youth identifying as LGBTQ has been completed by independent living contract providers. Training in this area was enhanced by the completion of the Daniel Memorial IL Specialist certification by all IL case managers. Participation in ongoing relative trainings available within the state are mandated as feasible. Increasing knowledge and awareness regarding sex trafficking has been initiated. Training has been provided regarding new policy and reporting requirements to independent living contract providers. Coordination with a community partner known as Zoe Ministries have been initiated. This organization conducted a training at the annual foster parent conference in May 2016. There is also a plan to train independent living staff during the remainder of 2016 through participation in webinars. Additionally, participation in an upcoming training on October 1, 2016 will further the staff's capacity regarding this critical issue.

XIV. Updates to Targeted Plans within the 2015-2019 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan

The DFS foster care recruitment plan, issued June 2013, is updated annually and continues to be utilized. The 2016-2017 version is under revision. The statewide recruitment plan maps specific messaging and activities to recruit specific target groups such as teachers, professional organizations and faith-based organizations to fill resource gaps for teens, sibling groups and special needs foster children. The Division contracted a statewide recruiter who helped with the development, implementation and reporting for the recruitment plan. The recruiter along with the foster home coordinators and PCAD trainers track foster parent inquiries, provide information and orientations and maintain contact with families through the training and approval process. DFS utilized foster parents and youth to help recruit and continued to develop community and faith-based organizations. The recruiter did regular check in meetings with coordinators and families regarding events and incentives. In December 2015 the long standing foster care program manager left the agency and a new program manager began March 2016. In April 2016 the statewide recruiter resigned. The foster care team has been exploring the option of having a foster parent replace the recruiter. There are no sexual orientation restrictions for recruiting foster caregivers. During CY2015, 12 of 33 approved DFS foster families committed to serving the targeted population of teens, sibling group or special needs population. (See Attachment: 2015-2016 Foster Care Recruitment Plan)

Health Care Oversight and Coordination Plan

There are no changes to Delaware's Health Care Services Plan dated October 2010. Health of foster children is administered by Medicaid Managed Care Organizations (MCO) and a network of primary care providers. The Office of Evidence Based Practice has contracted with a consultant pharmacist to review psychotropic medication concerns and contribute to system oversight. In addition, collaboration between Nemours pediatricians, DMMA, MCOs and providers, in an effort to develop an improved system of care and method of communicate across agencies, is part of the ongoing work of the Foster Care Health Task Force and the Tufts/Casey consultation project. Goals include education of providers around wellness visits, behavioral health and psychotropic medications, improved coordination and communication of health and mental health screenings, and supporting efforts state wide to grow the service array. See III. Update to the Plan for Improvement and Progress Made to Improve Outcomes, C. Well-Being, Goal: Foster children receive appropriate mental health assessment and psychotropic medications, Objective: Assess and monitor foster children's health and mental health needs for additional reporting on foster children's physical and mental health.

Medical professionals are consulted and involved in assessing the health and well-being of foster children. The Children's Advocacy Center, A.I. du Pont Hospital for Children, Christiana Care, Nanticoke Hospital, Kent General Hospital, Beebe Medical Center, Division of Public Health, Division of Child Mental Health Services, school-based Wellness Centers and private medical practitioners provide a network of medical, dental and mental health care for foster children. Per policy, medical examinations are required when investigating physical abuse, sexual abuse and physical neglect for any child under the age of eight. Policy provides guidance for examinations for older children based on criteria. High risk infants must be reviewed per protocol prior to discharge from hospitals. Children entering foster care must have a physical examination prior to

entering care or within two weeks of entering care. The Division of Child Mental Health Services coordinates higher levels of care for foster children. A pediatrician, specializing in abuse and neglect, is a member of the Child Protection Accountability Commission. DE is reviewing current coordination of medical, dental and mental health services for foster children at the child and agency level per Fostering Connections Act requirements.

Disaster Plan

The Program Manager for Intake and Investigation, DFS Public Information Officer, and DSCYF Public Information Officer participated in a full day Delaware Statewide Continuity Exercise at the Delaware Fire School on May 25, 2016. Three scenario-based tabletop exercises were conducted: (1) bomb threats, (2) suspicious packages/active shooter, and (3) live bomb. The FEMA Region III led the exercises, brief backs, and hotwash. Delaware's Cabinet Secretary for Homeland Security attended the event as did DEMA staff.

All State of Delaware Cabinet Level Departments and their respective Divisions are required to have a Continuity of Operations Plan (COOP). The DFS COOP was updated in June 2016 with assistance from the DE Department of Technology and Information (DTI). The DFS Emergency Preparedness Procedures was also updated in June 2016 and is available upon request.

Training Plan

The following is an update to the staff development and training plans which support the goals and objectives of the 2015-2019 CFSP. Technical assistance activities planned to be undertaken in support of the goals and objectives are described herein. At this juncture, no evaluative or research activities with a university, college, or outside organization are underway or planned involving DFS training goals and objectives.

Goal: Continue to provide training and training support for a stable and competent workforce

Strategy: Update and revise DFS training curricula to fully embed the values, knowledge, and skill areas involving the day-to-day casework practices pertaining to the DFS Outcomes Matter practice model framework initiatives (e. g., Structured Decision Making®, Safety Organized Practice, Family Search and Engagement).

Activities Updates:

1. Maintaining a digital library of training curriculum: This activity is ongoing. Training staff are compiling digital media including research articles, PowerPoints, whitepapers, infographics, and video in support of the core child welfare content areas that are trained. This media will be accessible to staff as it is loaded into a digital library in the new learning management system, the DE Learning Center (DLC). The DLC was installed in July 2015. CPD staff attend monthly DLC administrator workgroups and participate in monthly training on different functions of the DLC. The DLC is still in its infancy and do not yet have full functionality. Additional training is pending.
2. Formal curriculum review bi-annually or as needed: Guidelines for curriculum reviews were established in 2012. An initial review of DFS training curriculum was completed in December of 2012 and CPD continued to modify individual classes over the past few years. In December 2014, a workgroup began a complete reassessment and evaluation of the entire Core curriculum to ensure that the SOP principles were included in all the Core classes and that the training modeled the practice. In addition to the curriculum updates, other revisions

included the renaming of all the courses, a modification of the 4-day “Separation, Placement and Permanency” course into two 2-day courses, the addition of “Quality Check-In” meetings at the midpoint of the curriculum, and the development of a new course “Team Decision Making Presenters.” The revised DFS Core training was reviewed with administrators at the SLT meeting in September 2015 and became effective on September 1, 2015.

3. Updated instructional practices, videos and training aides are an element of above mentioned revision.
4. Update on potential content changes at training monthly staff meetings: This is ongoing. A training administrator attends monthly DFS Strategic Leadership meetings, quarterly All Management Meetings, and, as available, quarterly Investigation and Treatment Workgroups to gather information that indicates a need to update training content.

Strategy: Provide Pre-service training to new casework staff, sister division staff, and providers to promote an understanding and an emergent use of OM casework practices, SDM[®] assessments and tools to engage children and empower families to protect children from harm and/or risk of harm, promote permanence and address child well-being.

Activities Updates:

1. Develop the annual training calendar in October for the next calendar year: Completed November 2015.
2. Secure training spaces for next calendar year in October: Completed November 2015.
3. Continue to provide pre-service training in monthly cohorts: Ongoing
4. Provide training to contracted providers and sister divisions in blended classrooms along with DFS staff: Ongoing.

Strategy: Facilitate the use of newly trained coaches and CPD trained mentors paired with new workers to enhance learning through observation and practicing required field experiences during their four month pre-service training cycle.

Activities Updates:

1. CPD provided Safety Organized Practice (SOP) Mentor Training on September 24, 2015, and 11 participants completed the training. This course will be offered yearly or more often, as requested and a session is planned for summer 2016.
2. Survey mentors to determine if they are assigned to new workers and actively mentoring: addition of the Midpoint Survey in the DLC and “Quality Check-in” meetings are planned for summer 2016.
3. Participate on the DFS workgroup focused on developing a coaching program: CPD staff participated in monthly CRC Coaching Planning meetings and organized training for DFS staff and facilitated by the CRC on “Coaching Across the Curriculum” on September 18, 2015 (4 participants), “Coaching: Using Tools, Techniques to Collaborate and Engage” on January 19-21, 2016 (28 participants), “Coaching: an SOP Refresher” on February 23-25, 2016 (41 participants), and “Coaching: The FSNG in Action” on April 27-28, 2016 (28 participants). The final CRC Coaching sessions are planned for June 14-16, 2016. CPD will continue to support DFS as they move forward with the coaching structure.
4. Assist in the launch of a coaches learning circle and participate as a member: To be determined. CPD staff will participate when DFS moves forward with planning the development of a supervisor learning circle structure.

Strategy: Assess training needs and provide *In-service training* to all levels of staff, utilizing technical assistance as needed, and partnering with SOP trainers to build knowledge, practice skills, and support attitudes geared to the full implementation and sustainability of Outcomes Matters casework practices.

Activities Updates:

1. Conduct assessments and determine training needs on an annual basis: Ongoing through curriculum review process and survey data results.
2. Provide training to contracted providers and sister divisions in blended classrooms along with DFS staff: Ongoing through pre-service and in-service training.
3. Solicit peer coaches and/or SOP mod trainers to provide training as subject matter experts and contingent faculty: Peer coaches have been identified for “Team Decision Making Presenters” and they co-facilitated training with CPD on March 17, 2016. Additional training is scheduled on May 11, 2016, August 22, 2016, and November 22, 2016. A peer coach was also identified for “Alcohol and Other Drugs: Substance Use and Behaviors which Impact Child Safety” and they facilitated a course on December 9-11, 2016. Additional peer coaches and SOP Mod trainers will continue to be identified: Targeted for fall 2016.
4. Maintain a seat on the Child Protection Accountability Commission Training Sub-Committee: Ongoing. One CPD Training Administrator is a member of the committee.

Goal: Enhance supervisory capacity to implement the practice model.

Strategy: Support DFS supervisors in learning and utilizing coaching practices and tools in the supervision of caseworker’s OM practice skills to create an environment where the practice model is being consistently applied.

Activities Updates:

1. Obtain information, technical assistance, and support from CRC and other jurisdictions with an established coaching program: CPD worked with DFS administrators and the CRC to provide supervisors with “Coaching Refresher: Understanding the Coaching Continuum” training on April 14, 2016 (25 participants). CPD worked with CRC to obtain training manuals and documents to provide continued support to DFS going forward.
2. Update the Transfer of Learning Manual to include coaching questions and tips for core training: In progress. This is a part of the aforementioned curriculum review process referenced.
3. Find coaching resources and or develop coaching training aids to share with supervisors: Ongoing. These resources are being obtained and stored until they can be moved into the DLC.
4. Serve in a consultancy role to supervisors: Ongoing. Supervisors have access to trainers via email, office time, or phone. CPD trainers contact supervisors if there is a worry about a worker’s understanding of materials, ability to apply concepts, or a worker’s attitude and behavior in training.

Strategy: Assist DFS in the establishment of supervisor learning circles to support supervisors with their role of agents for practice change, to effectively supervise OM practices, enhance their overall supervisory skills and to support their own professional development.

Activities Update: Postponed until DFS leadership begins planning and initiates activity on this.

1. Obtain information, technical assistance and support from CRC and other jurisdictions with an established supervisor learning circles.
2. Train supervisors to facilitate learning circles.
3. Participate in supervisor learning circles as appropriate.
4. Serve in a consultancy role to supervisors.

Goal: Use data to make informed decisions regarding training effectiveness.

Strategy: Update the current training surveys to inquire about exposure and utilization of skills, new practices, and tools affiliated with Outcomes Matter.

Activities Update: Planned for summer 2016. CPD has developed an online version of the Midpoint Survey that will be added to the DLC and pushed into production in June 2016. Additionally, CPD will initiate the new “Quality Check-in” meetings with New Hires in June 2016.

Strategy: Develop a survey for supervisors to collect both quantitative and qualitative data, with the focus of the inquiry on their experiences in training, their training needs as supervisors, their perception of the training system overall for their workers, what is working well and what they see as opportunities for improvement.

Activities Update: CPD will initiate the new “Quality Check-in” meetings with new hire supervisors in June 2016. These meetings will include a review of the new hire surveys and feedback from the “Quality Check-in” meeting with the new hires. CPD will garner feedback from the supervisors on the new hire training, as well.

Strategy: Determine ways to utilize existing IT infrastructure to support evaluation and outcome measurement of training.

Activities: Planned for FY2017

1. Obtain information, technical assistance, and support in the area of quality assurance.
2. Utilization of the DE Learning Center and its capacity to monitor, manage, and assess training and to review outcomes.
3. Determine how to use existing training and survey software to its capacity.

Strategy: Share training data and metrics with DFS leadership, managers and supervisors to collaborate with them in making decisions on staff competencies to strengthen, training outcomes to improve and how to promote continuous quality improvement.

Activities: Completed at September 2015 SLT

Goal: Resource allocations

Strategy: Locate and secure dedicated training space based on projected need to accommodate varying number of registrants, including our partners in service provision.

Activities Updated: Completed May 2015

Strategy: Upgrade the DLC to meet an expanded need to collect additional data.

Activities Updated: Ongoing.

Strategy: Effectively utilize existing technology to support online/web-based training, distance learning, and other innovative approaches to training delivery.

Activities Updates: Ongoing

1. Identify existing online training that support the training goals for DFS: CPD has identified web-based training on SOP through UC-Davis and communicated this to Assistant Regional Administrators for review and distribution to supervisors and staff as appropriate.
2. Using existing software to develop online training for DFS casework and supervisory staff: CPD purchased a license for Articulate Storyline 2 software in the first quarter of 2015 for the purpose of developing online training. Determining what training is suitable for online is part of the curriculum review process. Training was completed in July 2015.
3. Seek additional resources and training via the OMB statewide training and Cornerstone as it relates to the DE Learning Center: Expansion of the internal capacity using Articulate Storyline 2: Targeted by July 2017

XV. Statistical and Supporting Information

Information on Child Protective Service Workforce

The following information describes hiring, training and turnover for the child welfare workforce. For the Division of Family Services, three caseworker positions are in the progressive career ladder:

- Family Service Specialist (FSS) PG 10
- Senior Family Service Specialist (SFSS) PG 11
- Master Family Service Specialist (MFSS) PG 13

The Family Service Specialist Career Ladder Series is traditionally recruited in the following manner. When the incumbent leaves the position the vacant position is reset back down to the lowest level of the career ladder and the position is posted as open competitive on the Delaware Employment Link (DEL) website. After the posting closes all applications are run through a quality assurance screen to ensure that the minimum qualifications are met. The qualifications for the Family Service Specialist position:

Applicants for Family Service Specialist (FSS) must have education, training and/or experience demonstrating competence in each of the following areas:

- Possession of a Bachelor's degree or higher in Behavioral or Social Science or related field
- Knowledge of health or human services work such as applying theories, principles, laws and practices of health or human services programs and services that assist with and improve life for individuals, families, or communities in the areas such as financial support, employment, unemployment, housing, health care, disease prevention, substance abuse, child protective services, physical/mental health treatment and prevention, rehabilitation
- Knowledge of interviewing to obtain facts, explore issues and identify courses of action
- Knowledge of case management which includes assessing, planning, developing, implementing, monitoring, and evaluating options and services to meet an individual's human service needs
- Possession of a driver's license

For the purpose of retaining and attracting experienced investigation and treatment workers in the Division of Family Services, the Division may competitively recruit for Family Crisis Therapists (FCT), Pay Grade 15, internally in their investigation and treatment units. Current Division employees who successfully apply for these positions shall have their position reclassified to FCT. While this is a competitive process with no guarantee of promotion, the

worker that applies is not competing against outside agencies or the general public. Applicants for FCT must have education, training and/or experience demonstrating competence in each of the following areas:

- Possession of a Bachelor's degree or higher in Behavioral or Social Science or related field
- Three years of experience in case management which includes assessing, planning, developing, implementing, monitoring, and evaluating options and services to meet an individual's human service needs
- Three years of experience in crisis intervention
- Three years of experience in making recommendations as part of a client's service plan such as clinical treatment, counseling, or determining eligibility for health or human services/benefits
- Six months experience in health or human services work such as applying theories, principles, laws and practices of health or human services programs and services that assist with and improve life for individuals, families, or communities such as financial support, employment, unemployment, housing, health care, disease prevention, substance abuse, child protective services, physical/mental health treatment and prevention or rehabilitation
- Three years of experience in interpreting laws, rules, regulations, standards, policies, and procedures
- Six months experience in narrative report writing
- Possession of a valid Driver's License (not suspended, revoked or cancelled, or disqualified from driving)

The division also has Casual Seasonal (C/S) Family Support Specialist positions that are typically hired at the lowest level, however in certain areas (Report Line) the casual seasonal positions are Senior Family Support Specialist. All casual seasonal positions are paid on an hourly wage basis as there is no guarantee of number of hours worked per pay cycle.

New staff receives 4 months of New Worker Training Cores and are evaluated for skill development of through 'Transfer of Learning Modules'. Each section includes instruction, activities working with a mentor, and assessment. The training also requires "shadowing" opportunities with experienced staff. New worker training is described in the training plan narrative and training chart sections.

Here are other characteristics of DFS' child welfare workforce:

- Race statistics for the workforce are: .06% Asian, 30% Black, .07% American Indian and 69% White
- 2% Hispanic
- Salaries range from \$31,440 to \$54,017 across all positions
- Supervisor to worker ratio standards are 1:5
- Educational degrees (caseworker, supervisor, administration; N=266):
 - 83% Master's
 - 17% Bachelor's

Caseload standards for fully functioning workers are:

- 11 investigation cases
- 18 treatment cases

Caseload reports as of March 31, 2016 state investigation caseloads average 15.7 and treatment caseloads average 17.3 per worker.

In-service training is selected annually by the senior managers after reviewing new federal requirements, state Code changes, data measures, new initiatives, and feedback from field staff and child welfare trainers. Training is also identified by the Department's leadership and the Center for Professional Development. Additionally, all staff receives Performance Plans that outline expectations and areas where performance will be measured. New staff has their plans reviewed routinely. More experienced staff's plans are reviewed less formally but issues and concerns are discussed as a part of their case conferences with their supervisors. Every employee receives a Performance Review no less than annually. That review includes a discussion of areas where skill enhancement is needed and strategies to meet that need. Each employee also receives a Professional Development Plan for planning educational and skill advancement.

Staff turnover rates for DFS case managers and supervisors positions are: 1 voluntary demotion, 13 competitive promotions and 41 career ladder promotions, 7 retirements, 2 dismissals, 16 voluntary resignations and 13 transfers to another state position for CY2014. There were 93 staff changes during the year including resignations (19%), retirements (8%), dismissals (.02%) and demotions/promotions (59%) and transfers (14%).

Juvenile Justice Transfers

Eighty-three youth in cases open with DFS were transferred into the custody of the Division of Youth Rehabilitative Services between April 1, 2015 and March 31, 2016. These youth were in investigation and treatment caseloads when their commitment to the juvenile justice system's levels 3, 4 and 5 began.

Sources of Data on Child Maltreatment Deaths

Child maltreatment fatalities reported to NCANDS are derived from substantiated investigations resulting in findings of death neglect or death abuse.

The state does not use information from the state's vital statistics department, child death review teams, law enforcement agencies and medical examiners' offices when reporting child maltreatment fatality data to NCANDS because these agencies do not interface with Delaware's SACWIS (FACTS) nor determine deaths as a result of abuse or neglect in the same manner as the Division. CDNDSC is the state entity responsible for compiling child maltreatment fatality data from all the sources listed above. One specific statewide Child Abuse and Neglect (CAN) Panel meets monthly to review child maltreatment fatalities.

Legislation established Delaware's Child Death Review Commission process on July 19, 1995. The statute was amended in 2002 and again in 2004 and its name was changed to the Child Death, Near Death, and Stillbirth Commission. CDNDSC now has the authority to create up to three regional child death review panels and three regional Fetal and Infant Mortality Review (FIMR) teams to conduct reviews of all child deaths, near deaths due to abuse/neglect and stillbirths (after 20 weeks gestation). The CDNDSC Calendar Year 2013 can be found at <http://courts.delaware.gov/childdeath/docs/AnnualReport2013.pdf>. The CDNDSC Calendar Year 2014 Annual Report is pending.

During the Fiscal Year 2015, the CAN Panel completed 19 initial reviews of child abuse/neglect death and near death cases. In addition, 17 CAPTA reports were finalized by the Child Death Review Commission.

All CAPTA reports are available on the CDNDSC website. The current CAPTA reports meet the required public disclosure requirements including the services provided information. The policy that governs this process can be located at <http://courts.delaware.gov/childdeath/members.htm>.

Education and Training Vouchers

The DFS maintained the Memorandum of Understanding with the CPRB to administer the ETV Program. The MOU outlines the responsibilities and assurances of DFS and CPRB. The contracted IL providers assisted youth in accessing and effectively utilizing ETV funds.

Information regarding ETV and scholarship programs was distributed to case managers, youth, foster parents, school guidance counselors and others who work with youth. The CPRB also maintains a website that provides information regarding ETV and allows for online application access. Future plans to allow for online application submission are underway. Ten percent (10%) of former foster youth reported as receiving IL services completed post-secondary education and training programs; 28% were enrolled in post-secondary education and training programs. Forty-three young adults received ETV funds during school year 2014/2015 and 25 were new applicants. (See Attachment: ETV Reporting Form)

Inter-Country Adoptions

DSCYF /DFS does not have any data for the number of children adopted from other countries. The 2015 Annual Report on Intercountry Adoptions from the U.S. Department of State shows there were 9 children adopted abroad by families residing in DE. Reported in the FFY2014 report, there were 15 adoptions finalized abroad, 2 adoptions to be finalized in the U.S, making 17 total adoptions for DE. (<http://travel.state.gov/content/adoptionsabroad/en/about-us/statistics.html>)

Monthly Caseworker Visit Data

DFS will submit monthly caseworker visit data for FFY 2016 per Section 424(f) of the Social Security Act by December 15, 2016.

XVI. Financial Information

Payment Limitations – Title IV-B, Subpart 1

The state affirms less than 10% of title IV-B, subpart 1 federal funds are expended for administrative costs.

Delaware had no expenditures of FFY2005 Title IV-B, subpart 1 funds for foster care maintenance payments, adoption assistance payments and child day care. Non-federal matching funds for FFY2005 Title IV-B, subpart 1, spent on foster care maintenance payments total zero. For FFY2017, Delaware will not spend Title IV-B, subpart 1 funds for foster care maintenance payments, adoption assistance payments or child day care. Non-federal matching funds for FFY2017 are not expended for foster care maintenance payments, adoption assistance payments or child day care.

Payment Limitations – Title IV-B, Subpart 2

For FFY2017, at least 20% of the allocation will be spent within the four categories of PSSF as follows:

- Family Preservation 20%
- Family Support 33%
- Intensive Reunification 24%
- Adoption 22%
- Administration 1%

For FFY2014, expenditures for matching Title IV-B, subpart 2 funds totaled \$307,391 state funding; this exceeds the 1992 base year amount of \$155,126. The state affirms less than 10% of federal funds under title IV-B, subpart 2 are expended for administrative costs.

FY 2017 Budget Request – CFS-101, Parts I and II

(See Attachments: CFS-101 Parts I & CFS 101 Part II)

FY 2014 Title IV-B Expenditure Report – CFS-101, Part III

(See Attachment: CFS-101 Part III)

Certifications and Assurances

The CAPTA Assurance document will be provided at a later date.

XVII. Grant Applications

**CHILD ABUSE PREVENTION AND TREATMENT ACT
APPLICATION FOR FFY2017**

Personnel	<u>Salary</u>	<u>OECs</u>	<u>Health</u>
0.5 FTE-Institutional Abuse Investigator: Investigates reports of Institutional Abuse to determine validity and develops a corrective plan to reduce the chances of further abuse; coordinates with police as required.	\$21,204	6,463	9,980
0.5 FTE-Institutional Abuse Investigator: Investigates reports of Institutional Abuse to determine validity and develops a corrective plan to reduce the chances of further abuse; coordinates with police as required.	<u>21,251</u> \$42,455	<u>6,477</u> \$12,940	<u>0</u> \$9,980
Total Personnel Costs			\$65,375
Contractual Contract with the A. I. du Pont Hospital for Children for expedited medical examination services by a physician and the services of an A.I. social worker to manage DFS cases			\$43,092
Travel To attend training or conferences at a regional or national level			\$2,303
Indirect Costs			\$1,019
Audit @ .003	335		
State Personnel Office Charges	558		
SWCAP @ 2.99%	461		
TOTAL			\$111,789

**TITLE IV-B SUBPART 1 - STEPHANIE TUBBS JONES CHILD WELFARE SERVICES
APPLICATION FOR FFY 2017**

FFY 2017 Budget Request for Grant: Stephanie Tubbs Jones Child Welfare Services

Salary and OEC **179,173**

Office of Children's Services		
1.0 FTE - Permanency Coordinator (PG 11)		57,649
Office of Child Care Licensing positions		
1.0 FTE - Child Care Licensing Supervisor (PG15)		65,153
1.0 FTE - Child Care Licensing Specialist (PG11)		56,371

Contractual **874,958**

Office of Children's Services will contract for family	
Support services as part of its child protective	
Service continuum	823,565
Office of Child Care Licensing	
1.0 FTE – Administrative Assistant	51,393

Supply **2,000**

Indirect **4,634**

Audit	2,389
State Personnel Charges	1,674
SWCAP	571

Total Federal Funds **796,171**

State Matching Funds **264,594**

TOTAL STATE AND FEDERAL PROGRAM FUNDING **1,060,765**

Proposed Activity:

- Salary and OEC for positions in the Office of Child Care Licensing (OCCL) to license, monitor and support day care providers:
1.0 FTE - Child Care Licensing Supervisor - supervising 7 licensing specialists with a total caseload of approximately 1,500 licensed facilities
1.0 FTE - Child Care Licensing Specialist - responsible for a caseload of approximately 250 licensed childcare providers.
- Salary and OEC for position in the Office of Children's Services (OCS) to promote and support achievement of permanency for children:
1.0 FTE – Permanency Coordinator - works directly with the adoption program manager
- 1.0 FTE – Administrative Assistant – performs administrative tasks supporting the functioning of the Office of Child Care Licensing. This non-state position is listed as a contractual expenditure on the budget summary.

Amount of Federal Funding: \$179,173

Characteristics of Individuals to Be Served:

- OCCL - Family day care homes providing care for 7 - 12 children by at least 2 caregivers in a residential or nonresidential setting and child care centers providing care to 13 or more children for more than 4 hours per day.
- OCS - Children in the care and custody of the Division that cannot return to their own families and for whom permanency is needed.

Geographical Area Served:

- Statewide

Objectives and Results Expected:**OCCL**

- Annual licensure and license renewal based on completed compliance reviews, complaint investigation reports, monitoring reports for required corrective action, negative enforcement reports, as necessary, in Kent and Sussex Counties.
- Maintain a smooth running licensing function in New Castle County with licensing services delivered in a timely, efficient and effective manner.
- Efficient and timely response to the public, inquirers and applicants for licensing and licensees.

OCS

- Record and distribute Permanency Planning Committee minutes statewide.
- Identify, review and recommend permanency goals for children in care for 9 months or longer as member of Permanency Planning Committees statewide.
- Monitor key events to achieve timely permanency goals.

Proposed Activity:

OCS will contract with community-based service providers for parent aide and family support services.

Amount of Federal Funding: \$559,767

Characteristics of Individuals to Be Served:

- At risk children and families active with the Office of Children Services.

Geographical Area Served:

- Statewide.

Objectives and Results Expected:

- Provide contracted parent aide and family support services to at risk children and families receiving services from the Office of Children's Services.
- Enhance family capacity to meet their own needs.

**TITLE IV-B SUBPART 2 - PROMOTING SAFE AND STABLE FAMILIES
APPLICATION FOR FFY2017**

Salary and OEC		131,306
OCS Staff Members		
8 Staff Members dedicating at least 25% of their time toward time-limited reunification services to families with children in placement		
Contractual		836,303
<i>Division of Prevention and Behavioral Health Services</i>	515,636 Federal	
Contracts with six sites throughout the state to deliver family support and family preservation, fatherhood, healthy adult and coalition building supports and services	320,667 State Match	
<i>Division of Family Services Office of Children's Services</i>		390,233
Contract to provide reunification support services, statewide	99,437	
Contract to provide a continuum of Adoption Promotion/Support Services, statewide	210,000	
Caseworker contacts with foster children (Monthly Caseworker Visits)	60,597 Federal 20,199 State Match	
Administration		5,120
Program administration, supplies and materials to Support communication, education, training and program management		
Total Indirect		4,666
Audit	2,112 Federal 1,026 State Match	
State Personnel Charges	1,116	
SWICAP	412	
TOTAL		
Federal Funds		1,025,675
State Matching Funds		341,953
<u>TOTAL FEDERAL AND STATE PROGRAM FUNDING</u>		<u>1,367,628</u>

Family Preservation and Family Support

Proposed Activity: Family Consultation and Support Services

The PSSF Family Support and Family Preservation components of Title IV B subpart 2 are combined to provide a continuum of service for fragile families who exhibit family stressors which can bring families to the attention and/or investigated by child protective services for safety, stability, permanency of the child and their well-being. The PSSF community-based Family Consultation and Support Service is the combination of family support and family preservation using a family support approach and family centered practices. The PSSF consultation and support case management model incorporates evidence base tools directed towards the outcomes of family empowerment and family stabilization by addressing the core stressors leading to child maltreatment.

In the area of Prevention of the Division of Prevention and Behavior Health Services, services are focused on three domains; the individual, the family and the community. The PSSF Family Consultation and Support Service serves the population of DE with six sites supported by community organizations with the common interest of prevention and supporting families. The geographical locations are identified where there is a greater risk of families more prone of entering services or re-entering services for child maltreatment. An additional focus targets non-residential fathers to reduce stressors of single mothers and increase the resiliency of children. With this infused service, resources and supports are being geared towards helping fathers and mothers navigate through DE's child support and Family Court systems for visitation and custody when child safety is not an issue. A newly developed guide helping parents to become more knowledgeable about DE's laws regarding child support, custody and visitation, case management services, mediation support, along with PSSF Family Consultation and Support provides more wrap around services.

Consultation and Support services target participants who are the primary caretakers of children, non-residential fathers and youth with children residing in DE.

The principle foundation remains the same with all of the initiatives under Family Preservation and Family Support in the prevention of child maltreatment. Individuals, families and communities are empowered to address concerns and behaviors by building skills to take the lead in determining their course of action to address needs, reduce stress, and build resiliency for the well-being of the child.

Continued efforts are being made to obtain data for the PSSF Family Consultation and Support services. The Family and Children Tracking System (FACTS) is being converted to a new system entitled For Our Children's Ultimate Success (FOCUS) to enhance the data housed by the department. While the development will begin in FY2017, PSSF Consultation and Support service will use a newly developed excel spreadsheet to house sample cases to provide program, practice and contractual outcomes. PSSF Consultation and Support was never a part of FACTS, with the development of a completely new data tracking system, it will support the programs ability to obtain comprehensive service objective data outcomes to determined impact.

Objectives:

1. Continue to provide the PSSF Family Consultation and Support prevention case planning services which address the four family stressors (Parental Characteristics, Child Behavior, Coping Abilities, Knowledge of and Access to Resources all which are major factors having the likelihood of contributing to Child Maltreatment.
2. Engage and retain fathers in PSSF Consultation and Support Services and strengthen the Infrastructure of the Fatherhood and Family Coalition.
3. Support resources that assist Parents to navigate through Child Support and Family Court for custody and visitation.
4. Develop and implement measuring tools to report outcomes for the Fatherhood Coalition.
5. Continue to train PSSF Consultants to more effectively engage and provide supports for fathers.
6. Expand partners to collaborate to provide services pertaining to fatherhood, co-parenting and adolescent and parent communication.
7. Sample cases for review and collect specific data determining increase of knowledge, decrease in life stressors, skill building in planning and self confidence level of PSSF participants.
8. Increase family stability by influencing the behavior and attitude of families and the community through education and training using a universal and selected prevention approach.
9. Provide additional staff to support training, community initiatives and assess adherence to practice of the family tools.

Results Expected:

1. **PSSF Engagement:** Services are accessible to the community where providers may meet with the program participants either at their home or a location conducive to the program process. Per contract year, each site shall engage at least 70 families for the Family Consultation and Support Services.
2. **PSSF Retention:** Per contract year, each site shall retain at least 50 families for the Family Consultation and Support Services. Retention is defined as a participant who completes all of the PSSF pre/post consultation and support family forms, reaches at least two goals and completes the program participant satisfaction survey.
3. **PSSF Support Only Referrals:**
 - Per contract year, each site shall serve at least 300 individuals to appropriate services and resources. Individuals are defined as all family members documented on the Family Information Registration Form. This count includes:
 - a. A participant who does not complete a post assessment but completes their goals.
 - b. A participant who does not complete two goals.
 - c. A participant who wants to receive resource referral services only.

PSSF Measures:

1. Reduction of stress is measured Pre/Post PSSF Family Forms and Participant Satisfaction Survey results demonstrating improvement the level of functioning. This measures the reduction of stress, the increase of adequacy level of support, confidence to address their concerns, goal attainment and connection of appropriate services.

2. Number of families, children and adults receiving services.
3. Number connecting to services and supports.
4. County Leadership Coalition's reporting of events, meetings held, partnerships and educational experiences for the community.

Amount of Federal Funding: \$385,636

Characteristics of Individuals to be Served:

Voluntary services offered to fragile families with children 18 and younger (caretakers, homeless parents, non-residential fathers, foster parents and youth who are parents and reside in DE). Services are offered statewide to families who have never had any involvement or who are currently involved, or no longer involved with the Division of Family Services.

Geographical Area Served:

- New Castle County, Kent County and Sussex County.

Promoting Safe and Stable DE Fatherhood and Family Coalition

Proposed Activity: Family Support - Coalition Building: Fatherhood and Healthy Adult Relationship Initiative

The DE Fatherhood and Family Coalition (DFFC) builds upon community and organizational partnerships who have the same commitment and interest assisting fathers who are facing challenges of being involved in the lives of their children. The DFFC was designed to empower the community to become influential in changing attitudes and behaviors through the Promoting Safe and Stable Consultation and Support service and statewide coalition using a universal and selected approach. The strength and commitment of the DFFC coalition which consist of social/service/faith-based business, organizations and parents, who mostly volunteer their time, envisions healthy and resilient DE children whose fathers are involved and parents effectively work together. The DFFC mission operates as a united change agent, who are committed to building a sustainable community coalition that champions father involvement and supports healthy adult relationships, specifically effective co-parenting, which in turn provides positive outcomes for DE children and communities. DFFC is an advocate for the well-being of DE's children and promotes fatherhood involvement and effective co-parenting as a protective factor strengthens the child's resiliency. The Coalition structure has grown to include three DFFC sub-County Leadership Coalitions (CLC), a Steering Committee and a Guiding Committee. The CLC operates locally in their geographical location with localized members and leadership positions. The Steering Committee consists of the Leaders of DFFC in addition to community leaders and organizations who have joined to strengthen the coalition. The Guiding Committee is the approval body, the developer of educational material and the communication core of the DFFC.

Family Support Objectives:

1. Support the DE Fatherhood and Family Coalition by strengthening its advocacy infrastructure as it expands into services.
2. Increase community awareness of the importance of and commitment to father involvement in the lives of their children as well as family stability through education and

training using social media tools to educate, inform and engage parents on the importance of Fatherhood.

3. Stimulate a broad-based positive social movement to combat father absence and promote fatherhood involvement through obtaining new members and activating volunteerism.
4. Recruit fathers to participate in PSSF services and activities.
5. Provide Fatherhood and Healthy Adult Relationship educational opportunities and technical assistance to increase the capacity of the community to support fatherhood involvement.
6. Expand partners to collaborate around services and advocate for fathers and Healthy Adult Relationship pertaining co-parenting.

Results Expected:

1. Create new membership training and continue revisions of ambassadorship training
2. Revise the system to engage business and training for the community dialogue facilitators.
3. Build leadership skills for the County Leadership Committee officers
4. Add bi-monthly researched based educational tips, service, community and navigational information to the DFFC website to assist parents.
5. Promote and provide the opportunity for the public to attend trainings such as through the annual summit, three town hall meetings, and quarterly teleconferences.
6. Continue to gauge outcomes by using the DFFC priority chart measuring success reviewed bi-weekly to align task with objectives and priorities.
7. Assist non-custodial parents to navigate through the court system and child support services.
8. Explore other supportive services for fathers and families.

Amount of Federal Funding: \$130,000

Characteristics of Individuals to be Served:

The DE fatherhood and family statewide coalition structure consist of at-large members, leaders from the County Leadership Coalitions, partners, and volunteers statewide committed to fatherhood. Recipients of the supports and services are all of Delawareans.

**APPLICATION FOR FFY 2017
CHAFEE FOSTER CARE INDEPENDENCE PROGRAM**

Salary and OEC		128,239
1.0 FTE Program Manager: (PG 18) Oversees statewide program operations	87,135	
1.0 FTE – Administrative Specialist I (PG 7) Provides administrative support to program manager; manages the Independent Living Program database	41,104	
Contractual		2,446,588
Six agencies provide independent living preparation, employment and support services to youth and young adults between 16 to 21 years of age	1,210,897	
Five agencies and six HOST homes will provide room and board for approx. 20 former foster youth between 18 and 21 years of age	222,499	
Assist youth in care with participation in age/developmentally appropriate activities, assist youth exiting care with stipends, rent and utilities deposits and emergencies during transitioning (not room and board)	991,827	
Annual youth conference, approximately 100 youth will participate; 4 half-day conferences (county), 20-40 youth will participate	8,000	
Supplies for monthly council meetings, leadership training and conferences for Youth Advisory Council members	3,365	
Training for contract providers, internal staff and community partners relative to independent living related best practice programming.	10,000	
Travel		2,014
Program Manager, youth advisors, and 3-4 youth will attend national and regional conferences and meetings		
Program Supplies		500
Indirect		3,244
Audit	1,500	
SWICAP	628	
SPO Charges	1,116	
TOTAL		
Federal Funds	500,000	
State Matching Funds	125,000	
Additional State Funds	1,955,585	
TOTAL STATE AND FEDERAL FUNDING		2,580,585

APPLICATION FOR FFY 2017– CHAFEE FOSTER CARE INDEPENDENCE PROGRAM SPENDING PLAN – DETAIL

Proposed Activity:

- 1.0 FTE Program Manager (PG 18) will oversee statewide program operations.
- 1.0 FTE Administrative Specialist I (PG 6) will provide support services to the Program Manager and assist in data management.

The Department will contract with public and private agencies to provide independent living (IL) preparation and transitional living services to youth and young adults statewide. Contracting agencies will be required to deliver services in accordance with the Department's seven principles for implementing a seamless system of care. The Department will operate under the following guidelines:

- Independent living services will be provided as early as possible.
- The provision of services will be an integrated team approach.
- Services will provide “real life” experiences.
- Youth will participate in the planning process.
- Programs and services will be flexible and promote youth development.

The Department will provide independent living services to assist youth, ages 14 and older that are in foster care, and young adults who exited care upon their 18th birthday but have not reached age 21. Youth who leave care after age 16 for adoption or kinship/permanent guardianship are eligible for IL services. These services are available to American Indian children. The contracting agencies will focus their efforts on older participants (16-21), and Department case managers will focus their attention on the younger participants (14-15). The Department case managers will ultimately be responsible for ensuring all youth in foster care receive independent living preparation services. The IL and Foster Care Program Managers will coordinate training for managers, case managers, caregivers, adoptive parents, and foster parents. The trainings focus on understanding and addressing issues confronting adolescents and how to help participants gain basic daily living skills. Meaningful training to foster parents serving adolescents has been continued. The Institute for Human Services, a best practice training program, provides training to foster parents who care for children including teens. Also, youth and young adults will have the opportunity to attend age appropriate training that will help prepare them for their transition to adulthood.

The Department will host statewide youth conferences and leadership development workshops. Members from the Youth Advisory Council (YAC) will participate in National Youth Leadership Conferences. Foster parents, case managers and DFS Advisory and Advocacy council members will also be encouraged to attend IL conferences.

DFS and the Child Placement Review Board continue their partnership to ensure the distribution of Education and Training Vouchers (ETV) are coordinated with the distribution of the state established Ivyane D.F. Davis Memorial Scholarship funds. The CPRB's volunteer scholarship committee and professional staff work closely with the representatives from the independent living contracted agencies to achieve a fair distribution of the available funds, while allowing for individualized decisions tailored to best support the needs of the individual student.

Encouraging youth to pursue post-secondary educational endeavors has continued as a focus. The promotion and necessity of continued education is a message rendered to all youth. The CPRB has developed mechanisms to optimize the supports rendered through ETV for each youth. Whenever possible ETV funding is not supplied directly to college or training programs. As such, these funds are not calculated against the student's financial need and allows for maximum financial aid assistance. Furthermore, this methodology affords the recipient with the availability of funds that are less restricted and can be used for primary necessities to assist in overcoming barriers which may otherwise impede their academic success.

DE has had the Davis Scholarship since 1989, but over the years, the infusion of the ETV program has enabled the scholarship funds to proliferate; accordingly the number of students served by the Davis Scholarship and ETV program has increased as well. Despite an overall increase in recipients, award amounts have been reduced due to decreased funding from the federal allocation. The loss was supplemented through additional state funds totaling \$25k. Because of DE's size, award decisions can be, and often are, tailor made to address the unique needs and living situations of the students. Efforts have been made to remove as many barriers as possible to ensure everyone who is eligible for these funds has access to them. These efforts include streamlining the application forms, on-line access to applications, one on one assistance with completion, and working with all applicants (even the struggling student) to achieve at least a certification. It has been found that such certifications help youth to earn a wage consistent with the costs of living and also help youth feel a sense of accomplishment which can often lead to a decision to further their education.

CPRB staff continually educates the community regarding the scholarship and ETV resources. Additionally, CPRB maintains an ongoing commitment to educating youth at the Annual Youth Conference regarding the program and requirements. They will also continue their participation in the annual Destined For Greatness event. Participation in this event helps to inform youth that have achieved various accomplishments including high school completion. This will help such youth understand the resources available to achieve their educational/vocational goals.

The effort to increase the post-secondary educational opportunities for youth has continued through the agreement with DSU which was implemented during the 2010-2011 school year. Four youth were supported through the partnership between DFS and (DSU this school year. Supports include financial assistance, year round housing supports, and university life guidance and supports. Through the MOU signed on February 14, 2011 this opportunity is afforded to two youth a year until a maximum of eight youth are in the program. A key partner in this accomplishment is Delaware State Housing Authority (DSHA). Through the use of a state funded housing voucher the youth are able to receive rental subsidy vouchers to cover the dormitory housing costs. Two youth have been identified to participate during the 2016-2017 academic year. Of significant notation is the fact that this program has produced two graduates since the program's inception. It is anticipated that one other participants will graduate next year. Efforts to develop similar partnerships with the remaining colleges and universities within the state continue. Currently, there are interested parties from the UD and a meeting to establish programming for the fall will occur on May 9, 2016. Advocacy for tuition waivers occurred this

year with state legislators, yet did not result in approved funding. Funding from the stipend program is also available to youth and have assisted in costs related to post-secondary expenses. Youth with student loans are also given the opportunity to use a portion of the stipend to begin repayment of their loan in order to reduce future student loan debt. These strategies to help increase post-secondary educational opportunities will continue.

Service Guidelines by Age:

Services Available for Youth Age 14-15(estimated number to be served, 90)

- Life Skills Assessment
- Plan to complete educational goals
- Individualized Plan for Independence
- Coordinated services for youth with foster parent(s) or caregivers
- Caregiver Support-foster parent(s) or caregivers will receive training and support for delivering home based skill building
- Informal participation in structured IL activities, social skills groups, or activities
- Education on the dangers and consequences of drugs, alcohol, and illegal substance use
- Support in maintaining family contacts as appropriate

Services Available for Youth Age 16-17(estimated number to be served, 100)

- Life Skills Assessment
- Plan to complete educational goals
- Individualized Plan for Independence
- Coordinated services for youth with foster parent(s) or caregivers
- Caregiver Support-foster parent(s) or caregivers will receive training and support for delivering home based skill building
- Active participation in structured IL activities, social skills groups, workshops and conferences
- Education on the dangers and consequences of drugs, alcohol, and illegal substance use
- Education on the dangers of high risk behaviors (i.e. unsafe sex, illegal occupations)
- Assistance in developing/gaining work experience
- Educational supports to assist with high school/GED completion
- Assistance in applying for post-secondary and vocational training programs
- Support in maintaining family contacts as appropriate
- Assistance in obtaining credit reports/credit counseling
- Comprehensive Transition Plan

Services Available for Young Adults Age 18-20(estimated number to be served, 275)

- Life Skills Assessment
- Referrals and coordinated services for young adults with other helping agencies, i.e. counseling services, career development and job readiness
- Support and guidance in job search and job maintenance
- Active participation in structured ILP activities, social skills groups, workshops and conferences
- Education on the dangers and consequences of drugs, alcohol, and illegal substance use
- Education on the dangers of high risk behaviors (i.e. unsafe sex, illegal occupations)

- Assistance in obtaining credit reports/credit counseling
- Assistance in securing safe and affordable housing and living arrangements
- Educational supports to assist with high school/GED completion
- Education and Training Voucher Program and other scholarship programs
- Assistance in applying for post-secondary and vocational training programs
- Support in maintaining family contacts as appropriate
- Transitional housing and other supportive housing options
- Comprehensive Transition Plan
- Financial Assistance through monthly needs based stipends

Youth and young adults will be involved in an individualized life skills assessment to ascertain their strengths, skills, connections to community and supportive persons, and to identify their needs and readiness for services. The ILP service providers and case managers will use the Ansell-Casey Life Skills Assessment tool for youth 16-21. An age appropriate assessment tool has been developed for youth ages 14-21. DYOI developed a life skills benchmarks guide that will provide guidance and tracking regarding the appropriate developmental skills at each age. The tool provides a reference for age appropriate life skill development and focus areas. Approval of the finalized tool had been previously delayed and the tool is now being reviewed and revised. It is hoped that the benchmark guide will be implemented in early 2017. Once initiated, the outcomes will be incorporated into the new Child and Family Services Guide which replaces the Plan for Child in Care case plan. Additionally, the Strengths and Needs Assessment will be utilized to develop the initial transition plan for youth ages 14-15.

Each participant will receive an individualized “Plan for Independence”. The planning team will include the ILP service provider, case manager, and youth. Additional team members may include the caregiver, foster parent(s), biological parents, if appropriate, and other significant individuals.

Youth in out-of-home care and those who aged out of the care of the Department and have not reached age 21 will receive various forms of life skills training. The objective of all life skills training will be tailored to assist the participants’ transition to adulthood by providing education and experiential opportunities in the area of daily living. The IL providers will offer training that focuses on both tangible skills, such as, housing, employment, money management, home management, self-care and intangible skills, such as, decision making, self-esteem, interpersonal relations, and communication skills. The IL case managers (contracted) will be actively involved in education planning and career/job development. The Department will partner with other agencies and programs, such as, state and local housing authorities, the Department of Labor, Workforce Investment Board, Department of Education, vocational rehabilitation programs, career exploration programs and private agencies to assist the contract providers in this effort.

The ILP Manager coordinated with the State Office of Volunteerism, DE Mentoring Council, Connecting Generations, faith-based organizations and other community agencies to develop a network of community volunteers and “mentors” that serve as supportive individuals in the youth’s transition to adulthood and community life. The DE CHAMP (Creating Hopeful Adults Mentoring Program) Network has been maintained by DSCYF, contracted IL staff and partners. Although there were intentions to develop a sustained mentoring program through

VISTA members who helped with the implementation of the program, this did not come to fruition. DSCYF has maintained its financial support and the program continues to exist with a limited increase in the number of mentors. Approximately three youth have mentors through this program at this time. The inability to secure additional monetary resources has impeded the ability to fully carry out the mentoring program in its intended format, yet efforts continue in order to sustain it in the limited capacity. Youth are also connected with mentoring programs within the community such as Big Brothers Big Sisters. The concept of educational mentors was considered in order to help improve educational attainment. A proposal was submitted to the Child Protection Accountability Commission's Subcommittee on Education. The committee found the concept to be appropriate, but concluded that they were not in a position to carry out the responsibilities to oversee the program.

The Department partners with the DE Interagency Council on Homelessness in efforts to prevent and resolve homelessness for youth aging out of foster care. The Department will contract with private agencies and landlords to secure housing for youth who age out of foster care. Also, contracts with former foster parents of foster youth who have exited care and responsible adults in the community will be considered. The IL case manager will assist young adults who have exited care and are not participating in one of the adult living settings in establishing a safe living arrangement. The IL providers will also coordinate with the Division for Developmental Disabilities Services in an effort to secure support services and safe living arrangements for former foster youth with qualifying disabilities. Additionally, the Department will contract with agencies to work with and provide services to dependent youth who are in the juvenile justice system and single parents. The formidable partnership that has been developed between the Department and DE State Housing Authority has yielded numerous housing resources for youth who have aged out of foster care. A total of 70 housing vouchers are available or in use at any given time for young adults to assist in attaining affordable housing. The results of the previously conducted survey have shown that youth could benefit from additional housing skill development while still in foster care. Efforts occurred to launch a pilot program which would allow youth in care an experiential week of living independently. The pilot program was offered three times in the last year but youth participation was minimal. Reassessment will occur to determine how to alter the pilot program for better outcomes. Additional housing options should also be made available in order to better meet the needs of all youth aging out of foster care. Through the results of an RFP, an additional housing program was secured and offers options in Sussex County (previously no transitional housing options were available in this county) and additional housing slots are now available in Kent County. The National Youth in Transition Database (NYTD) data collected regarding homelessness continues help guide in the efforts to alleviate homelessness for the youth.

The Department has maintained the MOU with the CPRB to administer the ETV Program. The MOU outlines the responsibilities and assurances of the Department and CPRB and the established review and approval procedures. The contracted ILP providers will assist current and former foster youth in accessing and appropriately utilizing ETV funds.

Members from the Nanticoke Tribe are invited to review the coordinated plan. The ILP is included in this review. The Program Support Administrator met with the Chief of the Nanticoke Tribe and has shared information and encouraged coordination with the tribe. An invitation to review and partake in coordinated planning has been presented. The Department will continue to

solicit input from the DFS Advisory and Advocacy Council, Youth Advisory Council, community partners, Tribal members, foster parents, case managers, ILP providers, and group home providers.

The Department has supported the extension of Medicaid health care coverage to foster youth 18 to 26 years. With the implementation of the Affordable Care Act, DE youth are automatically establishing Medicaid as an adult. A process has been developed wherein youth are identified as aging out of foster care at 17.9 months. Such youth are switched over to the Medicaid program for youth aging out upon reaching age 18. Annual recertification is required to maintain eligibility. This is accomplished through confirmation of a DE address. Youth are being educated on the importance of keeping their address up to date and IL providers are assisting youth to accomplish this. There is no trust fund for foster care youth.

Characteristics of Individuals to be Served:

The Program will provide services for foster youth and former foster youth between the ages of 14 to 21. Youth who leave foster care for adoption or kinship/permanent guardianship at age 16 or older are included in the service population.

Geographical Area Served: Statewide

Accomplishments Achieved in FFY 2016 By Program Area:

1. Assist youth to transition from dependency to self-sufficiency:

DFS used the Chafee Foster Care Independence Program (CFCIP) funds to staff one state level coordinator and an administrative specialist. The state level coordinator position is responsible for program development and coordination, implementation, resource development, training, administrative oversight, technical assistance, and policy development. A state funded program administrator serves both independent living and foster care programs. The position seeks to increase resources and supports to youth served in both programs. The responsibilities relative to NYTD and the monitoring of out of state stipend recipients fall under the purview of this position. The administrative specialist supports the state coordinator.

The DFS contracted with public and private agencies. These agencies provided independent living preparation and transitional living services to youth and young adults statewide. The contractors were required to deliver services in accordance with the Department's seven principles for implementing a seamless system of care and the following guidelines:

- Independent living services will be provided as early as possible.
- The provision of services will use an integrated team approach.
- Services will provide "real life" experiences.
- Youth will participate in the planning process.
- Programs and services will be flexible and promote youth development.

On September 18, 2013, House Bill 163 became law. The provision of the statute known as Ready By 21 enhanced independent living programming and established needs based stipends to youth age 18-21. The stipend program is entitled Achieving Self Sufficiency and Independence through Supported Transition (ASSIST). This program has been designed to further support the

needs of youth as they transition from traditional foster care. Although DE considered and evaluated the ability to extend foster care, it was ultimately determined based upon the input of the youth that additional years of traditional foster care would not best prepare the youth for adulthood. Instead this stipend program makes a variety of housing options affordable, including remaining with former foster parents under a rental agreement. The program requires that youth complete six hours of financial literacy training along with a requirement to work, attend school, or volunteer. Youth are eligible for monthly stipends at a maximum eligibility amount of \$1000. Additional benefits of the program are the ability for youth to save a portion of their stipend in an Individual Development Account (IDA). The program is effectively teaching youth valuable budgeting skills. It is the goal of the program that youth will be better prepared by age 21, homelessness will be reduced, and improved education and employment outcomes will be noted. A significant aspect of this program is that youth with student loans are able to begin repayment of their loan with the use of the funds. This option offers youth the opportunity to decrease the amount of debt that they will be responsible to repay. During in FY16, a total of 207 youth have benefited from the stipend program. Through further collaboration with DE State Housing Authority 80 housing vouchers are available for use. Currently, approximately 63 vouchers are in use.

On July 25, 2012, House Bill 269 became law, requiring DSCYF to obtain credit reports for youth 16 and older that have been in foster care. The law went into effective on January 1, 2013 and required policy changes which were also developed. This law has furthered the efforts of DSCYF to adhere to the federal requirement, which DE initiated in November 2011. In addition to meeting the requirement, we also obtain reports for youth ages 18-21. Since January 2015, reports for 296 youth have been obtained for youth ages 16-18 and beginning in March 2015 reports for youth 14 and 15 were obtained. Reports have been obtained for all eligible youth. There were 9 youth (3%) where something inappropriate was found on their credit report, with the last occurrence of this nature occurring in April 2015. The majority of the concerning reports reflected medical collections. Efforts to overcome the challenge of timely credit report retrieval have been addressed and are evidenced in the improved compliance rate. Additional efforts to ensure that all eligible youth have their credit report were implemented in April 2015. Monthly batch reports are now provided to the community partner, \$tand By Me program through the Division of Financial Empowerment of DHSS. Through this collaboration, caseworkers and youth receive support to help correct any findings of the credit report. Additionally, financial coaches are made available to the youth to teach financial literacy. The use of a batch list has greatly improved full compliance with this federal and state requirement. This relieves the responsibility from DFS staff and instead helps the staff to focus on educating the youth and addressing any youth with suspected fraudulent activity on their report. The use of the batch report also initiated DE's implementation of the federal requirement to obtain credit reports for 14 and 15 year old youth.

Supplemental life skills programming for youth ages 14 and 15 were initiated during the summer 2012 and have continued. Community partner, Kind To Kids provides the life skills training which covers the following areas: Daily Living, Home Life, Self-Care, Housing, Education, Career Planning, Money Management, and Interpersonal Skills. These workshops are offered to youth residing in congregate care and detention facilities so as to maintain a captive audience. Feedback from the youth has been positive. It is known that the earlier that youth are trained, the

more prepared they will be as adults. Improved preparation is anticipated as a result of the incorporation of this program. Additionally, one congregate care provider developed a partnership with a local organization focused on financial empowerment for adolescent females. This organization conducts trainings and helps the young women develop money management skills. The emphasis on financial empowerment also focused on domestic violence prevention by helping the young women to develop a strong sense of self and their abilities to effectively manage their own money and not be financially or emotionally controlled. Participants received incentives for their participation and the benefits of delayed gratification was instilled by offering participants the ability to receive bonus benefits by electing to not receive the weekly incentive. This was a valuable enhanced service to the youth.

Independent living contract providers and the ILP Manager completed the Daniel Memorial Independent Living Specialist certification. This 12-module series helped to educate service providers on the unique needs of youth in foster care and provide tools to best meet their needs. The completion of the certification has ultimately further developed the competency of our case management workforce statewide.

Pregnancy prevention is an incorporated focal area of the overall health of the youth. Youth including males are educated on the types of contraception and encouraged to select a method should they choose to be sexually active. Youth are informed about resources within the community inclusive of Planned Parenthood. Young adults are assisted in applying for Extended Medicaid and reproductive health is a key aspect of education on such coverage. In DE, the vast majority of high schools have Wellness Centers which serve as an additional resource towards pregnancy prevention and reproductive health. Also, there has been an awareness that there is a need to better equip foster parents to address this sensitive topic. To address this need the Office of the Child Advocate developed a training which will be offered as a workshop at the annual Foster Parent Conference in May 2016 as well as a guide to assist professionals to effectively address this important topic. DFS also partnered with Christiana Care in its submission of the Office of Adolescent Health's *Replicating Evidence-Based Teen Pregnancy Prevention Programs to Scale in Communities with the Greatest Need (Tier 1B)* funding opportunity. The application was approved yet not funded for FY2015, yet could still be considered should funding become available. Data would suggest that efforts in this area have been effective in maintaining the parenting rate of Chafee youth. The rate of 18% has remained consistent since 2014 and also reflects a slight decrease from 19% in 2012.

Training relative to the needs of youth identifying as Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) has been completed by independent living contract providers. Training in this area was enhanced by the completion of the Daniel Memorial IL Specialist certification by all IL case managers. Participation in relative trainings available within the state are mandated as feasible. Increasing knowledge and awareness regarding sex trafficking. Zoe Ministries provided training regarding sex trafficking and reporting requirements to IL providers and foster parent conference attendees. There is also a plan to train independent living staff in the fall of 2016. Additionally, participation in an upcoming training on October 1, 2016 will further the staff's capacity regarding this critical issue.

2. Help youth receive the education, training, and services necessary to obtain employment

Assisting youth in obtaining employment remains a focal component of IL programming during this reporting period. The economic climate has remained challenging and all the more so for unemployed youth. Services to assist youth in this area have included referrals to Goodwill Industries, the Department of Labor, the Department of Vocational Rehabilitation, the DE Food Bank, and summer youth employment programs. Additionally, one contracted provider in Sussex County served as a Summer Youth Employment site which afforded five youth in that county to work at community agencies and receive compensation for six weeks. Additionally, the Kent County contracted provider maintained the Step Up program which coordinates with local companies to offer summer employment opportunities to youth. The majority of the youth that participate in this program are 14 in order to provide these youth with early training in order to develop their skills.

The third annual Job Shadow Day was held on May 19, 2016. Twenty youth participated eighteen different sites. This annual event provides youth with valuable and realistic experiences and also educates the community about the needs of youth in foster care. By holding the event during May, there is an ability to capitalize on various efforts relative to Foster Care Awareness month. A number of youth participants obtained invitations to apply for employment or volunteer opportunities.

In 2011, IL contractor West End Neighborhood House, created a social enterprise entitled, Bright Spot Ventures (BSV) to specifically train youth who have experienced foster care in business development, business application, and soft skills. The initial business that was created was an online bookstore. The endeavor has grown to also include a fresh food market component. Youth are matched with local produce growers, help to develop marketing strategies, and select/sell the products each week at the community market. This employment program has also grown through a partnership with DHSS, wherein participants now utilize a greenhouse on a DHSS property and locally produce floral and produce items. An important component of this enterprise is the training and development the youth receive. The youth are given expectations and receive effective counseling on inappropriate employee related behaviors. There are consequences similar to a professional position, but only after several learning opportunities have been given. Youth are also allowed to re-interview in those instances where termination has occurred and must communicate what they have learned from the experience. The training program also includes an externship with supporter Barclays Bank being the primary site for the culminating experience. The employment program has been further expanded to include a printing company entitled, Pop Dot. This company has been developed in conjunction with Sir Speedy and employs youth that have completed the BSV program.

In an effort to increase the employment and training services to youth ages 16-21, the contract with Jobs for DE Graduates (JDG) has continued. This program is part of the national organization entitled Jobs for America's Graduates. This program generally provides academic and employment training supports to youth in the high school classroom setting. Through the contract developed, Independent Living youth receive services relative to employment training in the community from a case manager. Services include career and education assessment, resume writing, job readiness training, and employment placement/retention assistance. These services are currently available to a total of forty youth that reside in Kent and Sussex counties. Per statistics gathered in DE, during 2015, 28% of youth had part time employment and only 10%

had full time employment. The services of this contract have begun to yield positive results to those youth that have been actively involved as evidenced in the slight percentage increase from last year. This agency along with the state Independent Living Coordinator attended the Youth Discovery Convening which was sponsored by the Department of Labor. This convening helped identify employment resources and effective program delivery methods needed to effectively serve the population.

Youth in the aftercare program were assessed for employable skills, work readiness knowledge, and job seeking ability. IL contractors' staff conducted mock interviews, assisted youth with creating resumes and cover letters. Some youth were registered with the Department of Labor to access job training and job fairs. Three (3) youth attended Job Corps and are working towards completion of certifications and their high school education.

The IL Program Manager has also continued to participate in the WIA Youth Advisory Council. Through advocacy efforts the council has improved service delivery to incorporate considerations for the needs of youth who have experienced foster care. The WIA Youth Advisory Council created a scholarship to help youth further their education. Youth from foster care are recipients of this scholarship.

3. Help youth prepare for and enter post-secondary training and educational institutions:

The partnership with DSU has continued to operate. Through this program youth are able to attend the university through combined funding measures and housing vouchers. Housing is provided year round and on campus supports are available to the youth. Four students are currently attending the university under this program. Two new youth have been identified and approved to participate in the program for the fall of 2016. Challenges relative to grades, roommate difficulties, and emotional well-being have dissipated this school year. Given that many of the participants are upper classman seemingly maturity has had an impact. The well-established partnership with the university helped to address such difficulties quickly.

There is a primary need to increase the number of youth that complete their high school education. Legislation was passed in August 2014 and allows a graduation exception in which a student that was in DSCYF custody who transfers into a district or charter school shall be permitted to graduate based upon the successful completion of the Department of Education's graduation requirements as defined in the DE Code. It is anticipated that this will help improve graduation rates given that youth will not have to be held to the standards of a new district based upon circumstances of changing placement.

The WIA Youth Advisory Council created a scholarship to help youth further their education. Youth from foster care are recipients of the scholarship. Additionally, the IL Program Manager worked with a local law firm to create a scholarship specific to youth that have experienced foster care. This scholarship helps youth to obtain some of the non-traditional needs associated with post-secondary/vocational endeavors. The law firm has committed to offer the scholarship again this year and after awarding five scholarships last year.

The DFS maintained the Memorandum of Understanding (MOU) with the Child Placement Review Board (CPRB) to administer the Educational and Training Voucher (ETV) Program. The

MOU outlines the responsibilities and assurances of DFS and CPRB. The contracted IL providers assisted youth in accessing and effectively utilizing ETV funds.

Information regarding ETV and scholarship programs was distributed to case managers, youth, foster parents, school guidance counselors and others who work with youth. The CPRB also maintains a website that provides information regarding ETV and allows for online application access. Future plans to allow for online application submission remain forthcoming.

Ten percent (10%) of former foster youth reported as receiving IL services completed post-secondary education and training programs; 28% were enrolled in post-secondary education and training programs. Forty-three (43) young adults received ETV funds during school year 2014/2015 and twenty-five (25) were new applicants.

4. Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults:

The IL contractors provide resource coordination for youth and volunteer mentors recruited from the community. These mentors provide positive role modeling, friendship and guidance regarding education, employment and parenting issues to youth who are entering the workplace or have become parents. During this reporting period (3) youth engaged in formal mentoring relationships. Three hundred thirty-eight (338) of the (357) = 95% of foster youth receiving IL services reported having at least one adult in their lives for emotional support.

The DE Youth Advisory Council has continued to grow its membership and influence. Each month, the advisory council meets and includes statewide representation. Approximately 25 youth per month attend the meetings. The IL Program Manager has oversight responsibilities of the council and attends each monthly meeting. The youth have continued to serve as the representative voice of youth that have experienced foster care. During the year numerous focus groups and surveys of the youth have occurred. The youth have poignantly and effectively conveyed the challenges they have experienced and the positive improvements of the DE child welfare system. Events during the reporting period include the annual youth conference, providing testimony at the Joint Sunset Committee hearing, and the Ropes Course team building exercise. The council was recognized for their advocacy efforts via receipt of the Muriel E. Gilman Award in 2014. YAC has completed three mural projects in the last four years. The projects are now contained in all three Family Courthouses and help to depict the challenges and resiliency of youth that experience foster care. The youth conducted a successful conference with 100 attendees comprised of professionals and youth. The youth have also been integral in sharing their views and ideas regarding the various efforts to improve the child welfare system. The youth completed surveys in May 2016 as system stakeholders as a part of the agency's annual progress review.

5. Provide financial, housing, counseling, employment, education, and other appropriate services and support to former foster care recipients between 18 and 21 years of age:

Contracted IL providers negotiated with landlords to provide month-to-month leases for former foster youth who may not have otherwise been approved for housing. Twenty five (25) youth

participated in the Transitional Housing Program. Host Home Agreements remain available to our youth. Thirty (30) Family Unification vouchers and fifty (40) State Rental Assistance Program vouchers were available through a partnership with DE State Housing Authority and served youth who have exited the foster care system. To date, 60 of the 70 vouchers have been distributed. DE has maintained a policy where in which beginning at age 16 youth can apply for Section 8 housing. This provision will allow youth to be on the waiting list while they are still in care and likely be eligible to receive a housing choice voucher upon exit from care. Eight former foster care youth with at least one severe mental disorder received housing services from the program designated for youth with mental health diagnoses. Transitional housing resources were increased by eight slots as a result of the development of a new contract which serves females in Kent and Sussex counties.

Employment resources were provided through various community collaborations. Youth were referred to the Challenge Program which assists in educational and vocational certification attainment. Additional employment resources have been provided by Goodwill Industries program. Summer youth employment opportunities were also afforded to a number of current and former foster youth. The contract with JDG has also afforded additional employment resources. Results from a recent monitoring yielded a 54% success rate in helping youth obtain employment.

First Unitarian Church of Wilmington's Independent Living for Young Adults (ILYA) continues to provide numerous services to youth inclusive of college care packages, delivery of donated furniture, holiday gifts, and rental supplements. Additionally, ILYA conducts an annual event that recognizes the accomplishments of those youth who have completed their high school or GED requirements.

Crossroads Counseling Services, Jewish Family Services, Connections CSP, and Aquila provided services for youth suffering from drug and alcohol abuse issues and mental health diagnosis. Through a partnership with the YMCA, a one year membership is provided to each youth that exits foster care. Similarly, membership privileges are afforded to our transitional living participants both on an individual and group membership instance. This benefit has also been extended to those who serve as mentors. This allows the mentor and mentee to have a community resource where they can interact in a positive manner at a designated community site.

Independent living providers and foster care representatives completed the five-day Sanctuary model training and have sought to impart the tools into practice. One provider agency has initiated the certification process of the Sanctuary model. Knowledge gained will further the effectiveness of incorporating trauma informed care.

Extended jurisdiction legislation was signed on July 15, 2010. This law provides continued oversight by the Family Court for youth 18-21 and assesses the appropriateness of independent living services. An order for extended jurisdiction also allows for continued representation by a GAL or a CASA. There are currently 42 youth with an open extended jurisdiction case.

Stand By Me continues to offer financial coaching for those youth utilizing a housing voucher. This component was added as a measure to assist youth in developing stronger budgeting and money management skills in order to achieve positive rental history and prevent evictions. This additional service is available to all youth in the independent living program, but is an expectation of those that have housing vouchers.

DICH has continued to utilize a centralized intake system in order to develop a streamlined homeless services system. Although providers work diligently to prevent homelessness for our youth, this system allows for further assistance in acquiring appropriate housing for our youth that do experience homelessness. The system was initiated in January 2014 and encountered its share of challenges. The council has worked diligently to assess the needs for improvement and has made changes recently to thwart additional challenges.

In order to fulfill the requirement to survey the NYTD follow up population, comprehensive efforts were made to locate youth. DFS has worked diligently to fulfill the requirements. Successful submissions, inclusive of the 21 year olds surveys and the second cohort of 19 year olds, have been realized. There have been efforts to maintain ongoing services to the youth in order to have the most significant impact towards positive youth outcomes.

There is recognition that youth with disabilities can be vulnerable as they leave foster care. A lack of financial support only compounds matters. A system to evaluate youth as they are approaching age 18 for potential SSI/SSA eligibility has been implemented. Applications for eligible youth are submitted by a Department contractor. IL providers have been trained and will assist youth with the necessary needed follow up. The contractor also evaluates SSI eligibility while youth are in foster care in order to establish eligibility early which can improve the approval of benefits as youth transition to adulthood.

The most significant resource that has been afforded to youth is the ASSIST program. Youth 18-21 now have financial resources to assist with their cost of living expenses. This program is helping youth to learn money management and budgeting skills. The monthly needs-based stipends allow youth to save money which is a valuable skill that most youth were not able to experience due to limited incomes. Through this program youth are developing responsible spending and savings plans.

It is also important to note that the same services rendered to youth ages 16-17 are also available to youth ages 18-21, with the exception of the life skills class that is specific to youth ages 14-15.

Planned Activities For 2017:

Strengthening the service delivery of new contractors will be a focus in the upcoming year. Contract monitorings conducted in 2016 show a need of improvement in service delivery from providers. Focused technical assistance will be provided to address areas needing improvement. Efforts to develop additional resources outside of contracts will be a focus during next year to further enhance the supports to youth.

The provision of the ASSIST program has created valuable learning experiences. During the next year additional youth will be added to the program. The lessons learned from the prior years will help to improve the ongoing functioning of the program. We will seek to increase the accountability measures, enhance the saving practices of the youth and help youth to become better prepared for adulthood.

With the inception of the ASSIST program there has been a significant emphasis on improving the financial literacy skills of youth. The Opportunity Passport program has furthered this effort and consistently had over thirty participants. Throughout the next year continued focus will be placed upon this skill area and to increase the number of Opportunity Passport participants.

Reviews of NYTD data along with feedback from youth has led to the recognition that more hands on skill development regarding living independently is warranted. Opportunities will be sought to better allow youth to practice skill development earlier in order to create improved preparedness. Efforts were made unsuccessfully to implement a pilot program entitled, Our Needs-Practicing Accountability and Responsibility (ON PAR) during 2015 and 2016. This program was envisioned by the Independent Living Program Manager who has utilized members from the previous DYOI Housing workgroup to help develop, plan, and implement the program. The plan was to utilize current transitional housing partners throughout the state to provide housing slots for the experiential activity. The ON PAR program will be reevaluated to determine how to best conduct the program in order to provide this valuable hands on preparation training by allowing youth to live in a semi-supervised setting for a determined amount of time in order to practice the skills learned and needed to successfully live independently. The plan remains for youth 18 and on a board extension to participate and in the future to allow 17 year old youth to participate. The lessons learned from this program will hopefully yield a transitional housing program for youth as minors. It has been noted that this type of more independent foster care setting could be a beneficial resource to youth.

Delaware has done well in ensuring compliance with the provisions of NYTD having achieved full compliance every reporting period. The methods utilized to acquire the data regarding services and NYTD surveys have been effective. It has been recognized that some improvements can be made relative to data collection regarding independent living services for youth ages 14 and 15. There is a need to re-train seasoned staff and train new staff regarding the requirement and method of collecting this data. Efforts will be made to accomplish this in the coming year.

NYTD data has been used relative to the reporting to the Joint Sunset Committee and with youth during youth advisory council meetings. Additionally, the Independent Living Program Manager regularly shares the data with community partners amidst various workgroups and others who request such data. Utilization of the data for program enhancement, messaging, and community education will continue during the upcoming year.

DE has worked diligently to remove barriers to obtain a driver's license and automobile insurance as a foster youth. Youth are able to get a license but need help with insurance. The IL community is considering a donation account to cover such costs.

The development of a pilot program to support youth at UD is underway and scheduled to launch in fall of 2016. The program will mirror the program that has been operating at DSU since 2010. It is believed that with these additional supports more youth will enroll at the university and successfully matriculate.

There will be concerted efforts to ensure compliance with the provisions of the Preventing Sex Trafficking and Strengthening Families Act. Participation in training related to sex trafficking will occur throughout the year. The requirement to help ensure all children including those who identify as LGBTQ who are likely to remain in foster care until 18 years of age have regular, on-going opportunities to engage in age or developmentally-appropriate activities will continue. The development of additional partnerships with community centers, extra-curricular organizations, schools, and civic organizations are planned as a means to increase the opportunities for youth participation. The Kind to Kids community organization is viewed as a key partner in this area. The organization provides tickets to youth to various community events, including plays, sporting events, and outdoor activities. Coordination with this organization to further ensure opportunities for our youth to participate in such activities will occur.

Delaware has developed policies which are comprehensive in addressing the needs for all youth, inclusive of youth's gender and sexual identity. Through education and training independent living contractors have developed improved practices to utilize language and resources to help youth feel more comfortable in sharing how they identify themselves. Independent living contractors have also considered but not yet implemented the use of insignia that would help identify safe spaces for youth identifying as LGBTQ. Use of these types of materials may occur in the upcoming year. Additionally, there are plans to have providers participate in additional trainings and obtain increased referral resources to better ensure that the supports to youth identifying as LGBTQ are made available.

It is anticipated that the Self Sufficiency Benchmarks guide will be finalized and implemented during the coming year. This will better ensure that appropriate skill development occurs and that designated parties fulfill the responsibility to assist the youth in the skill development areas. It is anticipated that this will lead to youth being better prepared at age 18 as well as at age 21.

During the upcoming year, an enhanced child welfare information system will be developed. The ILP Manager will be thoroughly engaged in the development in order to ensure the system fulfills the needed requirements to provide accurate federal reporting.

EDUCATION AND TRAINING (ETV) PROGRAM APPLICATION FOR FFY 2017

SPENDING PLAN

FFY 2017 Budget Request for Grant: Education and Training Program

Contractual	81,469
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The Child Placement Review Board (CPRB) administers the ETV Program and distributes funds to college and training programs or through four contracted Independent Living agencies. These funds assist former foster youth who are enrolled in a postsecondary education or training program. Funds can be for college tuition and fees, supplies and equipment, books, room and board, transportation, dependent care, and other costs associated with completing a training or educational program.

Tuition and Fees	35,000
Supplies and Equipment	10,000
Room and Board	30,703
Transportation	3,600
Dependent Care	1,922
Audit Fees	244

Federal Funds	65,175
State Matching Funds	16,294

TOTAL STATE AND FEDERAL FUNDS	81,469
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XVIII. Attachments (Listed in Order of Appearance)

2015-2019 Strategic Plan, Version 2017

Delaware Child Welfare Dashboard, Education Measures

DFS TOL NET Brief

DFS NET Course Description

Child Development Watch Statistics

Institutional Abuse Statistics January – December 2015

A.I. DuPont Hospital for Children Emergency Department, Division of Family Services January – December 2015 Statistics

Reporting Guidelines for Hospitals and Investigation Activities

Foster Care Recruitment Plan

ETV Reporting Form – Federal Attachment E

CFS – 101 Parts I, II, III